

Supreme Court of Pennsylvania

Court of Common Pleas

Civil Cover Sheet



County

For Prothonotary Use Only:

Docket No:

11109-2020

TIME STAMP
FILED OR ISSUED
2020 OCT 11 AM 9:17
MICHAEL ROSSI
PROTHONOTARY
BEVERLY H. JONES, PA

The information collected on this form is used solely for court administration purposes. This form does not supplement or replace the filing and service of pleadings or other papers as required by law or rules of court.

Commencement of Action:

- ☒ Complaint ☐ Writ of Summons
☐ Transfer from Another Jurisdiction

- ☐ Petition
☐ Declaration of Taking

- ☐ Notice of Appeal

Lead Plaintiff's Name:

JODI GILL as Attorney-in-Fact of GLENN OSCA

Lead Defendant's Name:

COMPREHENSIVE HEALTHCARE MANAGEM

☐ Check here if you are a Self-Represented (Pro Se) Litigant

Name of Plaintiff/Appellant's Attorney: Robert F. Daley, Esquire

Are money damages requested? : ☒ Yes ☐ No

Dollar Amount Requested: ☐ within arbitration limits
☒ outside arbitration limits

Is this a Class Action Suit? ☐ Yes ☒ No

Nature of the Case: Place an "X" to the left of the ONE case category that most accurately describes your PRIMARY CASE. If you are making more than one type of claim, check the one that you consider most important.

TORT (do not include Mass Tort)

- ☐ Intentional
☐ Malicious Prosecution
☐ Motor Vehicle
☐ Nuisance
☐ Premises Liability
☐ Product Liability (does not include mass tort)
☐ Slander/Libel/ Defamation
☐ Other:

MASS TORT

- ☐ Asbestos
☐ Tobacco
☐ Toxic Tort - DES
☐ Toxic Tort - Implant
☐ Toxic Waste
☐ Other:

PROFESSIONAL LIABILITY

- ☐ Dental
☐ Legal
☒ Medical
☐ Other Professional:

CONTRACT (do not include Judgments)

- ☐ Buyer Plaintiff
☐ Debt Collection: Credit Card
☐ Debt Collection: Other
☐ Employment Dispute: Discrimination
☐ Employment Dispute: Other
☐ Other:

REAL PROPERTY

- ☐ Ejectment
☐ Eminent Domain/Condemnation
☐ Ground Rent
☐ Landlord/Tenant Dispute
☐ Mortgage Foreclosure
☐ Partition
☐ Quiet Title
☐ Other:

CIVIL APPEALS

- Administrative Agencies
☐ Board of Assessment
☐ Board of Elections
☐ Dept. of Transportation
☐ Zoning Board
☐ Statutory Appeal: Other

- Judicial Appeals
☐ MDJ - Landlord/Tenant
☐ MDJ - Money Judgment
☐ Other:

MISCELLANEOUS

- ☐ Common Law/Statutory Arbitration
☐ Declaratory Judgment
☐ Mandamus
☐ Non-Domestic Relations
☐ Restraining Order
☐ Quo Warranto
☐ Replevin
☐ Other:

FORM OF COVER SHEET FOR COMPLAINT

Court of Common Pleas of Beaver County
Civil Division
Civil Cover Sheet

For Prothonotary Use Only (Docket Number)

11109-2000

PLAINTIFF'S NAME Jodi Gill, Attorney-in Fact-of Glenn Oscar Gill	DEFENDANT'S NAME Comprehensive HealthCare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center
PLAINTIFF'S ADDRESS 909 11th Street, Ambridge, Beaver County, PA 15003	DEFENDANT'S ADDRESS 246 Friendship Circle, Beaver, Beaver County, Pennsylvania 15009

JUDITH MARIE as Guardian Ad Litem of DOROTHY UMSTEAD
 136 Centennial Avenue, Unit 303, Sewickley, Allegheny County, PA 15143

JAMAL WILLIAMS as Guardian Ad Litem of LUCILLE WILLIAMS
 128 Victory Lane, Leetsdale, Allegheny County, PA 15056

JAMIE WORTHY-SMITH, Individually and as Administratrix of the Estate of KIM L. McCOY-
 WARFORD 1036 Knoll Street, Aliquippa, Beaver County, PA 15001

MARK J. LANTON, Individually and as Administrator of the Estate of GLORIA LANTON
 920 Maplewood Avenue, Ambridge, Beaver County, PA 15003

JACQUELINE YOUNG, Individually and as Administratrix of the Estate of MARION YOUNG
 104 Aspen Drive, Beaver, Beaver County, PA 15009

BRANDY HEDGER Individually and as Administratrix of the Estate of REBECCA JOY VANKIRK
 519 Lincoln Street, Rochester, Beaver County, PA 15074

KERI BOYER Individually and as Administratrix of the Estate of EARL DENBOW, JR.
 363 Cherokee Drive, Beaver Falls, Beaver County, PA 15010

DENISE ELDRIDGE Individually and as Administratrix of the Estate of VIRGINIA ELDRIDGE
 4283 Upview Terrace, Pittsburgh, PA 15201

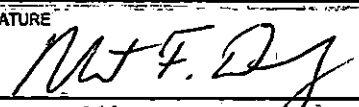
TRACY MINEO and SUSAN FRAGOMENI, Individually and as Co-Administratrixes of the Estate of NANCY KEMERER
 1331 Perry Highway, Porterville, PA 16051

PATRICIA MAZZOCCA and BARBARA MACURAK, Individually and as Co-Executrixes of the Estate of ALA MAZZOCCA
 148 Winter Street, Aliquippa, Beaver County, PA 15001

CHRISTINA CLAVELLI, Individually and as Administratrix of the Estate of JOSEPH "RANDY" CLAVELLI
 427 Boyle's Avenue, New Castle, Lawrence County, PA 16101

BOBBIE JOHNSON, Individually and as Administratrix of the Estate of SHIRLEY M. MIKE
 1125 Greiner Street, Monaca, Beaver County, PA 15061

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 2020 OCT 21 AM 9:18
 MICHAEL ROSSI
 PROTHONOTARY
 BEAVER COUNTY, PA

NAME OF PLAINTIFF/S PETITIONER'S APPELLANT'S ATTORNEY (OR PRO SE LITIGANT) Robert F. Daley, Esquire		ADDRESS (SEE INSTRUCTIONS) Robert Peirce & Associates, P.C., Suite 125 707 Grant Street, Pittsburgh, PA 15219	
PHONE NUMBER 412-281-7229	FAX NUMBER 412-281-4229	EMAIL ADDRESS dbaley@peircelaw.com	
SIGNATURE 	SUPREME COURT IDENTIFICATION NO. 81992	DATE 10/21/2020	

FORM OF COVER SHEET FOR COMPLAINT

Court of Common Pleas of Beaver County
Civil Division
Civil Cover Sheet

For Prothonotary Use Only (Docket Number)

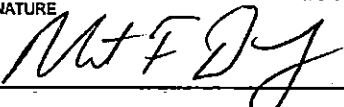
11109-2020

PLAINTIFF'S NAME Jodi Gill, Attorney-in Fact-of Glenn Oscar Gill	DEFENDANT'S NAME Comprehensive HealthCare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center
PLAINTIFF'S ADDRESS 909 11th Street, Ambridge, Beaver County, PA 15003	DEFENDANT'S ADDRESS 246 Friendship Circle, Beaver, Beaver County, Pennsylvania 15009
PLAINTIFF'S NAME Kenneth Wright	DEFENDANT'S NAME David G. Thimons, D.O.
PLAINTIFF'S ADDRESS P.O. Box 522, Mariana, Washington County, PA 15345	DEFENDANT'S ADDRESS 246 Friendship Circle, Beaver, Beaver County, Pennsylvania 15009
PLAINTIFF'S NAME Shelby Galton	DEFENDANT'S NAME
PLAINTIFF'S ADDRESS 246 Friendship Circle, Beaver, Beaver County, PA 15009	DEFENDANT'S ADDRESS

TOTAL NO. OF PLAINTIFFS 15	TOTAL NO. OF DEFENDANTS 2	COMMENCEMENT OF ACTION <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Writ of Summons <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Transfer From Other Jurisdictions
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 2020 OCT 21 AM 9:21
 MICHAEL ROSSI
 PROTHONOTARY
 BEAVER COUNTY, PA

AMOUNT IN CONTROVERSY <input type="checkbox"/> \$25,000 or Less <input checked="" type="checkbox"/> Over \$25,000	CASE TYPE <table border="0"> <tr> <td><input type="checkbox"/> Motor Vehicle</td> <td><input type="checkbox"/> Mortgage Foreclosure</td> <td><input type="checkbox"/> Partition</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medical Malpractice</td> <td><input type="checkbox"/> Ejectment</td> <td><input type="checkbox"/> Declaratory Judgment</td> </tr> <tr> <td><input type="checkbox"/> Other Professional Liability</td> <td><input type="checkbox"/> Statutory Appeals</td> <td><input type="checkbox"/> Replevin</td> </tr> <tr> <td><input type="checkbox"/> Product Liability</td> <td><input type="checkbox"/> Quiet Title</td> <td><input type="checkbox"/> Asbestos</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td><input type="checkbox"/> Domestic Relations</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Divorce</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Custody</td> </tr> </table>	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Mortgage Foreclosure	<input type="checkbox"/> Partition	<input checked="" type="checkbox"/> Medical Malpractice	<input type="checkbox"/> Ejectment	<input type="checkbox"/> Declaratory Judgment	<input type="checkbox"/> Other Professional Liability	<input type="checkbox"/> Statutory Appeals	<input type="checkbox"/> Replevin	<input type="checkbox"/> Product Liability	<input type="checkbox"/> Quiet Title	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Other _____		<input type="checkbox"/> Domestic Relations			<input type="checkbox"/> Divorce			<input type="checkbox"/> Custody
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		<input type="checkbox"/> Divorce																				
		<input type="checkbox"/> Custody																				

TO THE PROTHONOTARY: Kindly enter my appearance on behalf of Plaintiff/Petitioner/Appellant: (or Pro Se Litigant) Papers may be served at the address set forth below			
NAME OF PLAINTIFF'S/PETITIONER'S/APPELLANT'S ATTORNEY (OR PRO SE LITIGANT) Robert F. Daley, Esquire		ADDRESS (SEE INSTRUCTIONS) Robert Peirce & Associates, P.C., Suite 125 707 Grant Street, Pittsburgh, PA 15219	
PHONE NUMBER 412-281-7229	FAX NUMBER 412-281-4229	EMAIL ADDRESS dbaley@peircelaw.com	
SIGNATURE 	SUPREME COURT IDENTIFICATION NO. 81992	DATE 10/21/2020	

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY, PENNSYLVANIA

Civil Division

JODI GILL as Attorney-in-Fact of GLENN
OSCAR GILL;

KENNETH WRIGHT;

SHELBY GALTON;

Case No.

JUDITH MARIE as Guardian *Ad Litem* of
DOROTHY UMSTEAD;

JAMAL WILLIAMS as Guardian *Ad Litem*
of LUCILLE WILLIAMS;

JAMIE WORTHY-SMITH, Individually and
as Administratrix of the Estate of KIM L.
McCOY-WARFORD;

MARK J. LANTON, Individually and as
Administrator of the Estate of GLORIA
LANTON;

JACQUELINE YOUNG, Individually and as
Administratrix of the Estate of MARION
YOUNG;

BRANDY HEDGER Individually and as
Administratrix of the Estate of REBECCA
JOY VANKIRK;

KERI BOYER Individually and as
Administratrix of the Estate of EARL
DENBOW, JR.;

DENISE ELDRIDGE Individually and as
Administratrix of the Estate of VIRGINIA
ELDRIDGE;

TRACY MINEO and SUSAN FRAGOMENI,
Individually and as Co-Administratrixes of
the Estate of NANCY KEMERER;

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MICHAEL ROSSI
PROTHONOTARY
BEAVER COUNTY, PA

KERI BOYER Individually and as
Administratrix of the Estate of EARL
DENBOW, JR.;

DENISE ELDRIDGE Individually and as
Administratrix of the Estate of VIRGINIA
ELDRIDGE;

TRACY MINEO and SUSAN
FRAGOMENI, Individually and as Co-
Administratrixes of the Estate of NANCY
KEMERER;

PATRICIA MAZZOCCA and BARBARA
MACURAK, Individually and as Co-
Executrixes of the Estate of ALA
MAZZOCCA;

CHRISTINA CLAVELLI, Individually and
as Administratrix of the Estate of JOSEPH
"RANDY" CLAVELLI; and,

BOBBIE JOHNSON, Individually and as
Administratrix of the Estate of SHIRLEY M.
MIKE,

Plaintiffs,

vs.

COMPREHENSIVE HEALTHCARE
MANAGEMENT SERVICES, LLC d/b/a
BRIGHTON REHABILITATION &
WELLNESS CENTER and DAVID G.
THIMONS, D.O.,

Defendants.

MASSA BUTLER GIGLIONE
Three Gateway Center
401 Liberty Avenue
Suite 1543
Pittsburgh, PA 15222
(412) 338-1800

KELLY M. TOCCI, ESQUIRE
Pa. I.D. No.: 53572

MCMILLEN URICK TOCCI & JONES
2131 Brodhead Road
Aliquippa, PA 15001
(724)-375-6683

MICHAEL ROSSI
PROTHONOTARY
BEAVER COUNTY, PA

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MICHAEL FESSI
PROTHONOTARY
BEAVER COUNTY, PA

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY, PENNSYLVANIA

Civil Division

JODI GILL as Attorney-in-Fact of GLENN
OSCAR GILL;

Case No.: 11109-2020

KENNETH WRIGHT;

PLAINTIFFS' COMPLAINT

SHELBY GALTON;

Filed on behalf of: Plaintiffs

JUDITH MARIE as Guardian *Ad Litem* of
DOROTHY UMSTEAD;

Counsel of Record for Plaintiffs:

JAMAL WILLIAMS as Guardian *Ad Litem*
of LUCILLE WILLIAMS;

ROBERT F. DALEY, ESQUIRE
Pa. I.D. No.: 81992

JAMIE WORTHY-SMITH, Individually and
as Administratrix of the Estate of KIM L.
McCOY-WARFORD;

ELIZABETH A. CHIAPPETTA, ESQUIRE
Pa. I.D. No.: 205736

MARK J. LANTON, Individually and as
Administrator of the Estate of GLORIA
LANTON;

ROBERT PEIRCE & ASSOCIATES, P.C.
Firm I.D.: 839
707 Grant Street, Suite 125
Pittsburgh, PA 15219
(412)-281-7229

JACQUELINE YOUNG, Individually and as
Administratrix of the Estate of MARION
YOUNG;

PETER D. GIGLIONE, ESQUIRE
Pa. I.D. No.: 89523

BRANDY HEDGER Individually and as
Administratrix of the Estate of REBECCA
JOY VANKIRK;

PATRICIA MAZZOCCA and BARBARA
MACURAK, Individually and as Co-
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Defendants.

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PROTHONOTARY
BEAVER COUNTY, PA

NOTICE TO DEFEND

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and Notice were served, by entering a written appearance personally or by an attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so, the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the Complaint or for any claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, THEN YOU SHOULD GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP:

**LAWYER REFERRAL SERVICE
BEAVER COUNTY BAR ASSOCIATION
788 Turnpike Street
Beaver, PA 15009
724-728-4888**

YOU MUST RESPOND TO THIS COMPLAINT WITHIN TWENTY (20) DAYS OR A JUDGMENT FOR THE AMOUNT CLAIMED MAY BE ENTERED AGAINST YOU BEFORE THE HEARING. IF YOU DO NOT APPEAR FOR THE HEARING, THE CASE MAY BE HEARD IMMEDIATELY BEFORE A JUDGE. THERE IS NO RIGHT TO A TRIAL DE NOVO ON APPEAL FROM A DECISION ENTERED BY A JUDGE.

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY, PENNSYLVANIA

Civil Division

JODI GILL as Attorney-in-Fact of GLENN
OSCAR GILL;

KENNETH WRIGHT;

SHELBY GALTON;

Case No.

11109-2020

JUDITH MARIE as Guardian *Ad Litem* of
DOROTHY UMSTEAD;

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Individually and as Co-Administratrixes of
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PATRICIA MAZZOCCA and BARBARA
MACURAK, Individually and as Co-
Executrixes of the Estate of ALA
MAZZOCCA;

CHRISTINA CLAVELLI, Individually and
as Administratrix of the Estate of JOSEPH
"RANDY" CLAVELLI; and,

BOBBIE JOHNSON, Individually and as
Administratrix of the Estate of SHIRLEY M.
MIKE,

Plaintiffs,

vs.

COMPREHENSIVE HEALTHCARE
MANAGEMENT SERVICES, LLC d/b/a
BRIGHTON REHABILITATION &
WELLNESS CENTER and DAVID G.
THIMONS, D.O.,

Defendants.

PLAINTIFFS' COMPLAINT

AND NOW, come the Plaintiffs, by counsel, Robert F. Daley, Esquire and the law firm of Robert Peirce & Associates, P.C.; Peter D. Giglione, Esquire and the law firm of Massa Butler Giglione; and Kelly M. Tocci, Esquire and the law firm of McMillen Urick Tocci & Jones, and claim damages of Defendants Comprehensive HealthCare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center (hereinafter "Brighton" or "Brighton Rehab") and David G. Thimons D.O., and allege the following in support:

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MICHAEL ROSSI
PROTHONOTARY
BEAVER COUNTY, PA

PARTIES

LIVING PLAINTIFFS

I. Glenn Oscar Gill

1. Plaintiff Jodi Gill is an adult individual with an address of 909 11th Street, Ambridge, Beaver County, PA 15003.

2. Jodi Gill is the daughter and Attorney-in Fact-of Plaintiff Glenn Oscar Gill.

3. Glen Oscar Gill is 82 years old, and has been a resident at Brighton Rehabilitation and Wellness Center since September 25, 2019.

4. Jodi Gill was appointed the Power-of-Attorney of Glenn Oscar Gill on July 4, 2016.

5. As Power of Attorney, Jodi Gill, is authorized to act on behalf of her father, Glenn Oscar Gill.

II. Kenneth Wright

6. Plaintiff Kenneth Wright is an adult individual with an address of P.O. Box 522, Mariana, Washington County, PA 15345.

7. Kenneth Wright is 57 years old, and has been a resident at Brighton Rehabilitation and Wellness Center since June 3, 2019.

III. Shelby Galton

8. Plaintiff, Shelby Galton is an adult individual with an address of 246 Friendship Circle, Beaver, Beaver County, PA 15009.

9. Shelby Galton is 41 years old, and has been a resident at Brighton Rehabilitation and Wellness Center since March 2019.

IV. Dorothy Umstead

10. Plaintiff Judith Marie is an adult individual with an address of 136 Centennial Avenue, Unit 303, Sewickley, Allegheny County, PA 15143.

11. Judith Marie is the daughter of Dorothy Umstead.

12. Dorothy Umstead is 79 years old, and has been a resident at Brighton Rehabilitation and Wellness Center since March 2019.

13. Judith Marie currently has a Petition pending to be appointed the Guardian *Ad Litem* for her mother, Dorothy Umstead.

V. Lucille Williams

14. Plaintiff Jamal Williams is an adult individual with an address of 128 Victory Lane, Leetsdale, Allegheny County, PA 15056.

15. Jamal Williams is the son of Lucille Williams.

16. Lucille Williams is 74 years old, and has been a resident at Brighton Rehabilitation and Wellness Center since April 2019.

17. Jamal Williams currently has a Petition pending to be appointed the Guardian *Ad Litem* for his mother, Lucille Williams.

PARTIES

DECEASED PLAINTIFFS

I. Kim L. McCoy-Warford

18. Plaintiff Jamie Worthy-Smith is an adult individual with an address of 1036 Knoll Street, Aliquippa, Beaver County, PA 15001.

19. Jamie Worthy-Smith is the sister of deceased Kim L. McCoy-Warford.

20. Kim L. McCoy-Warford died on April 18, 2020 at the age of 64.

21. Jamie Worthy-Smith was appointed the Administratrix of the Estate of Kim L. McCoy Warford by the Director of the Department of Court Records of Allegheny County, PA on June 29, 2020.

22. As Administratrix of the Estate of Kim L. McCoy-Warford, Jamie Worthy-Smith brings this action under 42 Pa Cons. Stat. § 8302 (Survival) on behalf of the Estate of Kim L. McCoy-Warford.

23. As the “personal representative” of the Estate of Kim L. McCoy-Warford, Jamie Worthy-Smith brings this action under 42 Pa Cons. Stat. § 8301 (Wrongful Death) and Pa. R. Civ. P. 2202(a) on her own behalf and on behalf of all wrongful death beneficiaries.

24. The names and addresses of all persons legally entitled to recover damages for the wrongful death of Kim L. McCoy-Warford, and their relationships to her, are as follows:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
Michael Warford	425 Babbling Brook Drive Virginia Beach, VA 23462	Son

25. At no time during her life did Kim L. McCoy-Warford bring an action to recover damages for her personal injuries related to COVID-19 exposure and infection, and no other action has been filed to recover damages for the wrongful death of Kim L. McCoy-Warford.

II. Gloria Lanton

26. Plaintiff Mark J. Lanton is an adult individual with an address of 920 Maplewood Avenue, Ambridge, Beaver County, PA 15003.

27. Mark J. Lanton is the son of deceased Gloria F. Lanton.

28. Gloria Lanton died on April 23, 2020 at the age of 93.

29. Mark J. Lanton was appointed the Administrator of the Estate of Gloria Lanton by the Register for the Probate of Wills in Beaver, PA County on May 28, 2020.

30. As Administrator of the Estate of Gloria Lanton, Mark J. Lanton brings this action under 42 Pa Cons. Stat. § 8302 (Survival) on behalf of the Estate of Gloria Lanton

31. As the “personal representative” of the Estate of Gloria Lanton, Mark J. Lanton brings this action under 42 Pa Cons. Stat. § 8301 (Wrongful Death) and Pa. R. Civ. P. 2202(a) on her own behalf and on behalf of all wrongful death beneficiaries.

32. The names and addresses of all persons legally entitled to recover damages for the wrongful death of Gloria Lanton, and their relationships to her, are as follows:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
Mark J. Lanton	920 Maplewood Avenue, Ambridge PA 15003	Son

33. At no time during her life did Gloria Lanton bring an action to recover damages for her personal injuries, and no other action has been filed to recover damages for the wrongful death of Gloria Lanton.

III. Marion Young

34. Plaintiff Jacqueline Young is an adult individual with an address of 104 Aspen Drive, Beaver, Beaver County, PA 15009.

35. Jacqueline Young is the daughter of deceased Marion Young.

36. Marion Young died on April 22, 2020 at the age of 85.

37. Jacqueline Young was appointed the Administratrix of the Estate of Marion Young by the Register for the Probate of Wills in Beaver Count, PA on September 30, 2020.

38. As Administratrix of the Estate of Marion Young, Jacqueline Young brings this action under 42 Pa Cons. Stat. § 8302 (Survival) on behalf of the Estate of Marion Young.

39. As the “personal representative” of the Estate of Marion Young, Jacqueline Young brings this action under 42 Pa Cons. Stat. § 8301 (Wrongful Death) and Pa. R. Civ. P. 2202(a) on her own behalf and on behalf of all wrongful death beneficiaries.

40. The names and addresses of all persons legally entitled to recover damages for the wrongful death of Marion Young, and their relationships to her, are as follows:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
Jacqueline Young	104 Aspen Drive Beaver, PA 15009	Daughter

41. At no time during her life did Marion Young bring an action to recover damages for her personal injuries, and no other action has been filed to recover damages for the wrongful death of Marion Young.

IV. Rebecca Joy VanKirk

42. Plaintiff Brandy Hedger is an adult individual with an address of 519 Lincoln Street, Rochester, Beaver County, PA 15074.

43. Brandy Hedger is the daughter of deceased Rebecca Joy VanKirk.

44. Rebecca Joy VanKirk died on May 9, 2020 at the age of 68.

45. Brandy Hedger was appointed the Administratrix of the Estate of Rebecca Joy VanKirk by the Register for the Probate of Wills in Beaver County on September 8, 2020

46. As Administratrix of the Estate of Rebecca Joy VanKirk, Brandy Hedger brings this action under 42 Pa Cons. Stat. § 8302 (Survival) on behalf of the Estate of Rebecca Joy VanKirk.

47. As the “personal representative” of the Estate of Rebecca Joy VanKirk, Brandy Hedger brings this action under 42 Pa Cons. Stat. § 8301 (Wrongful Death) and Pa. R. Civ. P. 2202(a) on her own behalf and on behalf of all wrongful death beneficiaries.

48. The names and addresses of all persons legally entitled to recover damages for the wrongful death of Rebecca Joy VanKirk, and their relationships to her, are as follows:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
Brandy Hedger	519 Lincoln Street, Rochester, PA 15074	Daughter

49. At no time during her life did Rebecca Joy VanKirk bring an action to recover damages for her personal injuries, and no other action has been filed to recover damages for the wrongful death of Rebecca Joy VanKirk.

V. Earl Denbow, Jr.

50. Plaintiff Keri Boyer is an adult individual with an address of 363 Cherokee Drive, Beaver Falls, Beaver County, PA 15010.

51. Keri Boyer is the daughter of deceased Earl Denbow, Jr.

52. Early Denbow, Jr. died on April 1, 2020 at the age of 73.

53. Keri Boyer was appointed the Administratrix of the Estate of Earl Denbow, Jr. by the Register of Wills of Beaver County, PA on September 18, 2020.

54. As Administratrix of the Estate of Earl Denbow, Jr., Keri Boyer brings this action under 42 Pa Cons. Stat. § 8302 (Survival) on behalf of the Estate of Earl Denbow, Jr.

55. As the “personal representative” of the Estate of Earl Denbow, Jr., Keri Boyer brings this action under 42 Pa Cons. Stat. § 8301 (Wrongful Death) and Pa. R. Civ. P. 2202(a) on her own behalf and on behalf of all wrongful death beneficiaries.

56. The names and addresses of all persons legally entitled to recover damages for the wrongful death of Earl Denbow, Jr., and their relationships to him, are as follows:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
Keri Boyer	363 Cherokee Drive Beaver Falls, PA 15010	Daughter

57. At no time during his life did Earl Denbow, Jr. bring an action to recover damages for his personal injuries, and no other action has been filed to recover damages for the wrongful death of Earl Denbow, Jr.

VI. Virginia Eldridge

58. Plaintiff Denise Eldridge is an adult individual with an address of 4283 Upview Terrace, Pittsburgh, PA 15201.

59. Denise Eldridge is the daughter of deceased Virginia Eldridge.

60. Virginia Eldridge died on April 17, 2020 at the age of 79.

61. Denise Eldridge was appointed the Administratrix of the Estate of Virginia Eldridge by the Director of the Department of Court Records of Allegheny County, PA on September 28, 2020.

62. As Administratrix of the Estate of Virginia Eldridge, Denise Eldridge brings this action under 42 Pa Cons. Stat. § 8302 (Survival) on behalf of the Estate of Virginia Eldridge.

63. As the “personal representative” of the Estate of Virginia Eldridge, Virginia Eldridge brings this action under 42 Pa Cons. Stat. § 8301 (Wrongful Death) and Pa. R. Civ. P. 2202(a) on her own behalf and on behalf of all wrongful death beneficiaries.

64. The names and addresses of all persons legally entitled to recover damages for the wrongful death of Virginia Eldridge, and their relationships to her, are as follows:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
Virginia Eldridge	4283 Upview Terrace Pittsburgh, PA 15201	Daughter
Beth Jaimison	944 Brintell Street Pittsburgh, PA 15201	Daughter
Fred Eldridge	222 East Warrington Avenue Pittsburgh, PA 15210	Son

65. At no time during her life did Virginia Eldridge bring an action to recover damages for her personal injuries, and no other action has been filed to recover damages for the wrongful death of Virginia Eldridge.

VII. Nancy Kemerer

66. Plaintiff Tracey Mineo is an adult individual with an address of 1331 Perry Highway, Porterville, PA 16051.

67. Plaintiff Susan Fragomeni is an adult individual with an address of 120 Haas Drive, Darlington, PA 16615.

68. Tracey Mineo and Susan Fragomeni are the daughters of deceased Nancy Kemerer.

69. Nancy Kemerer died on May 15, 2020, at the age of 70.

70. Tracey Mineo and Susan Fragomeni were appointed the Co-Administratrixes of the Estate of Nancy Kemerer by the Register or the Probate of Wills of Beaver County, PA on September 25, 2020.

71. As Co-Administratrixes of the Estate of Nancy Kemerer, Tracey Mineo and Susan Fragomeni bring this action under 42 Pa. Cons. Stat. § 8302 (Survival) on behalf of the Estate of Nancy Kemerer.

72. As the “personal representatives” of the Estate of Nancy Kemerer, Tracey Mineo and Susan Fragomeni bring this action under 42 Pa Cons. Stat. § 8301 (Wrongful Death) and Pa. R. Civ. P. 2202(a) on their own behalf and on behalf of all wrongful death beneficiaries.

73. The names and addresses of all persons legally entitled to recover damages for the wrongful death of Nancy Kemerer, and their relationships to her, are as follows:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
Tracey Mineo	1331 Perry Highway Porterville, PA 16051	Daughter
Susan Fragomeni	120 Haas Drive Darlington, PA 16615	Daughter

74. At no time during her life did Nancy Kemerer bring an action to recover damages for her personal injuries, and no other action has been filed to recover damages for the wrongful death of Nancy Kemerer.

VIII. Ala Mazzocca

75. Plaintiff, Patricia Mazzocca, is an adult individual with an address of 148 Winter Street, Aliquippa, Beaver County, PA 15001.

76. Plaintiff, Barbara Macurak, is an adult individual with an address of 152 Winter Street, Aliquippa, Beaver County, PA 15001.

77. Patricia Mazzocca and Barbara Macurak are the daughters of Ala Mazzocca.

78. Ala Mazzocca died on April 13, 2020 at the age of 91.

79. Ms. Mazzocca and Ms. Macurak were appointed as co-executrixes of the Estate of Ala Mazzocca by the Register for the Probate of Wills in Beaver County, PA on September 30, 2020.

80. As “personal representatives” of the Estate of Ala Mazzocca, Patricia Mazzocca and Barbara Macurak bring this action under 42 Pa Cons. Stat. § 8302 (Survival) on behalf of the Estate of Ala Mazzocca.

81. As “personal representatives” of the Estate of Ala Mazzocca, Patricia Mazzocca and Barbara Macurak bring this action under 42 Pa Cons. Stat. § 8301 (Wrongful Death) and Pa. R. Civ. P. 2202(a) on their own behalf and on behalf of all wrongful death beneficiaries.

82. The names and addresses of all persons legally entitled to recover damages for the wrongful death of Ala Mazzocca, and their relationships to her, are as follows:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
Patricia Mazzocca	148 Winter Street Aliquippa, PA 15001	Daughter
Barbara Macurak	152 Winter Street Aliquippa, PA 15001	Daughter

83. At no time during her life did Ala Mazzocca bring an action to recover damages for her personal injuries, and no other action has been filed to recover damages for the wrongful death of Ala Mazzocca.

IX. Joseph “Randy” Clavelli

84. Plaintiff, Christina Clavelli, is an adult individual, with an address of 427 Boyle’s Avenue, New Castle, Lawrence County, PA 16101.

85. Christina Clavelli is the daughter of deceased Joseph “Randy” Clavelli,

86. Joseph “Randy” Clavelli died on April 15, 2020, at the age of 66.

87. Ms. Clavelli was appointed as Administratrix of the Estate of Joseph “Randy” Clavelli by the Register for the Probate of Wills in Beaver County, PA on October 20, 2020.

88. As Administratrix of the Estate of Joseph “Randy” Clavelli, Christina Clavelli brings this action under 42 Pa Cons. Stat. § 8302 (Survival) on behalf of the Estate of Joseph “Randy” Clavelli.

89. As “personal representative” of the Estate of Joseph “Randy” Clavelli, Christina Clavelli brings this action under 42 Pa Cons. Stat. § 8301 (Wrongful Death) and Pa. R. Civ. P. 2202(a) on her own behalf and on behalf of all wrongful death beneficiaries.

90. The names and addresses of all persons legally entitled to recover damages for the wrongful death of Joseph “Randy” Clavelli, and their relationships to her, are as follows:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
Christina Clavelli	427 Boyle’s Avenue New Castle, PA 16101	Daughter
Marissa Clavelli	1 East Garfield Avenue New Castle, PA 16101	Daughter
Matthew Clavelli	1 East Garfield Avenue New Castle, PA 16101	Son

91. At no time during his life did Joseph “Randy” Clavelli bring an action to recover damages for his personal injuries, and no other action has been filed to recover damages for the wrongful death of Joseph “Randy” Clavelli.

X. Shirley M. Mike

92. Plaintiff Bobbie Johnson is an adult individual with an address of 1125 Greiner Street, Monaca, Beaver County, PA 15061.

93. Bobbie Johnson is the daughter of deceased Shirley M. Mike.

94. Shirley M. Mike died on April 15, 2020, at the age of 95.

95. Bobbie Johnson was appointed the Administratrix of the Estate of Shirley M. Mike by the Register of Wills of Beaver County, PA on October 1, 2020.

96. As Administratrix of the Estate of Shirley M. Mike, Bobbie Johnson brings this action under 42 Pa Cons. Stat § 8302 (Survival) on behalf of the Estate of Shirley M. Mike.

97. As the “personal representative of the Estate of Shirley M. Mike, Bobbie Johnson brings this action under 42 Pa Cons. Stat. § 8301 (Wrongful Death) and Pa. R. Civ. P. 2202(a) on her own behalf and on behalf of all wrongful death beneficiaries.

98. The names and addresses of all persons legally entitled to recover damages for the wrongful death of Shirley M. Mike, and their relationships to her, are as follows:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
Bobbie Johnson	1125 Greiner Street Monaca, PA 15061	Daughter
Robert Douds, Jr.	4060 Tusawaras Road Beaver, PA 15009	Son
Rick Douds	821 Howe Avenue Monaca, PA 15061	Son

99. At no time during her life did Shirley M. Mike bring an action to recover damages for her personal injuries, and no other action has been filed to recover damages for the wrongful death of Shirley M. Mike.

PARTIES

DEFENDANTS

**I. Comprehensive HealthCare Management Services, LLC
d/b/a Brighton Rehabilitation and Wellness Center**

100. Defendant Comprehensive HealthCare Management Services, LLC is a Pennsylvania limited liability corporation that operates a skilled nursing facility at 246 Friendship Circle, Beaver, Beaver County, Pennsylvania 15009.

101. Defendant Comprehensive HealthCare Management Services, LLC operates its nursing facility under the fictitious name Brighton Rehabilitation and Wellness Center (“Brighton” or “Brighton Rehab”).

102. Brighton Rehab is a nursing facility in Beaver County that has a maximum capacity of 589 residents. In March 2020, when COVID-19 began to spread to Western Pennsylvania, Brighton Rehab was home to 460, mostly elderly and/or sick citizens of Beaver County. These vulnerable individuals relied on Brighton Rehab to use its considerable resources¹ to protect them from COVID-19 to the best of its ability.

103. At all relevant times, Brighton operated as a “long-term care nursing facility” as that term is defined by Pennsylvania’s Health Care Facilities Act, 35 P.S. §448.802(a) *et. seq.*, which “promote[s] the public health and welfare through the establishment and enforcement of regulations setting minimum standards in the construction, maintenance and operation of health care facilities.”

104. At all relevant times, Brighton operated as a “skilled nursing facility” as that term is defined by Title XVIII of the Social Security Act, 42 U.S.C. §1395i-3 (Medicare) and as a

¹ Brighton’s net profits from 2016 to 2018 totaled \$10,897,508.00.

“nursing facility” as that term is defined in Title XIX of the Social Security Act, 42 U.S.C. §1396r (Medicaid).

105. Accordingly, Brighton Rehabilitation and Wellness Center was a “health care provider” as that term is defined in the Medical Care Availability and Reduction of Error Act (MCARE), 40 P.S. § 1303.503.

106. As a “health care provider” under the MCARE Act, Brighton is a “licensed professional” as defined by Pennsylvania Rule of Civil Procedure 1042.1, and Plaintiffs are asserting professional liability claims against this Defendant.

107. As to Defendant Brighton Rehab, this Complaint is brought directly against Brighton for its managerial and operational negligence, carelessness, recklessness, and willful and wanton conduct. It is not brought against Brighton’s “frontline” staff who provided direct care to residents. These resident caregivers (including but not limited to staff nurses, nursing aides, care technicians, therapists, and custodial staff) were placed in the untenable position of having to care for hundreds of residents through a pandemic while being untrained, unsupervised, understaffed, and unsupported by Brighton. Brighton failed to provide these caregivers with appropriate personal protective equipment (PPE), and left them to do the best they could in the dangerous environment Brighton’s administration created.

II. David G. Thimons, D.O.

108. Defendant David G. Thimons, D.O. is an adult individual employed and/or contracted by Brighton Rehabilitation and Wellness Center as the facility’s Medical Director.

109. Dr. Thimons was hired to work as the Medical Director at Brighton starting in or around 2012.

110. At all relevant times, Dr. Thimons acted within the course and scope of his employment/contract as an agent and/or ostensible agent, and in his professional capacity as the Medical Director of Brighton Rehabilitation and Wellness Center.

111. As the Medical Director of the Brighton facility, Dr. Thimons was responsible for overseeing the facility in providing care to residents and ensuring the quality of care provided met all applicable standards.

112. Dr. Thimons is licensed as a Doctor of Osteopathic Medicine in the Commonwealth of Pennsylvania.

113. Dr. Thimons was a “health care provider” as that term is defined in the Medical Care Availability and Reduction of Error Act (MCARE), 40 P.S. § 1303.503.

114. As a “health care provider” under the MCARE Act, Dr. Thimons is a “licensed professional” as defined by Pennsylvania Rule of Civil Procedure 1042.1, and Plaintiffs are asserting professional liability claims against this Defendant.

FACTUAL ALLEGATIONS

I. Kim L. McCoy-Warford, Deceased

115. Kim L. McCoy-Warford (“Ms. Warford”) was admitted to Brighton on June 5, 2013 for nursing and rehabilitation services following a hospital stay for altered mental state.

116. While at Brighton, Ms. Warford shared a room with three other women.

117. At some point in early March 2020, one of Ms. Warford’s roommates tested positive for COVID-19.

118. The roommate who had tested positive was not moved into isolation, and instead remained in a shared room with three COVID-19 negative roommates, including Ms. Warford.

119. On or around March 23, 2020, Brighton contacted Ms. Warford's family to inform them that Ms. Warford had an elevated fever of 104 degrees.

120. A chest x-ray was ordered, which showed that Ms. Warford had lung abnormalities.

121. Ms. Warford was sent to Heritage Valley Beaver in Beaver, PA and was diagnosed with bacterial pneumonia.

122. Ms. Warford stayed overnight at Heritage Valley Beaver and was discharged back to Brighton the next morning.

123. Upon readmission, Brighton placed Ms. Warford back in her shared room with three roommates, at least one of whom was COVID-positive.

124. Brighton continued to give Ms. Warford Tylenol to treat her fever, but the next day Ms. Warford's fever spiked again.

125. Brighton transferred Ms. Warford and all three of her roommates to Heritage Valley Beaver.

126. Ms. Warford was admitted to Heritage Valley Beaver, where she stayed for several days with a persistent fever and cough.

127. Heritage Valley Beaver alerted Ms. Warford's family that she had tested positive for COVID-19.

128. On March 30, 2020, Heritage Valley Beaver again discharged Ms. Warford to Brighton.

129. Upon readmission, Brighton placed Ms. Warford in her original room, which was part of what was now being used as a COVID-19 wing of the Brighton facility.

130. At Brighton, Ms. Warford's condition deteriorated.

131. On April 16, 2020 Ms. Warford became unresponsive.

132. Ms. Warford died on April 18, 2020 at Brighton Rehab.

133. Ms. Warford's Death Certificate reflects that her cause of death was COVID-19.

II. Gloria Lanton, Deceased

134. Gloria Lanton ("Ms. Lanton") was admitted to Brighton in or around May of 2017 for rehabilitation services after suffering injuries from a fall.

135. While at Brighton, Ms. Lanton's financial affairs were handled by Eric O'Connor of River Communities Fiduciaries Services.

136. Ms. Lanton's son, Mark Lanton ("Mark"), frequently called to check in on his mother, and spoke with staff of Brighton all the while Ms. Lanton was living at Brighton.

137. Despite the fact that he frequently checked on his mother, Mark was not called or updated when his mother developed symptoms of COVID-19.

138. Mark was not called when his mother was tested for COVID-19. In fact, Mark is unaware of whether or not his mother was ever tested for COVID while she was at Brighton.

139. On April 23, 2020, Mark received a call from Eric O'Connor, his mother's fiduciary, who called to extend his condolences on the passing of Ms. Lanton.

140. Mark had not known until Mr. O'Connor's call that his mother had died. In fact, Mark did not even know that his mother had ever been sick or that she had had COVID-19.

141. Mark responded by calling Brighton and asking staff how his mother was doing. Staff responded that she was doing well, but that they weren't sure where the floor's cordless phone was at the moment. Brighton staff said they would have Mrs. Lanton call Mark back when they located it.

142. Mark called back and asked how his mother was doing another three or four times. The response from staff was always the same. “Ms. Lanton is doing well.” “She will call you when we locate the phone.”

143. Gloria Lanton died on April 23, 2020 at Brighton Rehab.

144. To this day, no one from Brighton has called to inform Mark of his mother’s death.

145. Ms. Lanton’s Death Certificate reflects that her cause of death was COVID-19.

III. Marion Young, Deceased

146. Marion Young (“Marion” or “Ms. Young”) was admitted to Brighton in December 2018 for therapy services.

147. In or around late March 2020, Ms. Young’s daughter Jacqueline Young was told by Brighton staff that a resident in the facility had tested positive for COVID-19, but that that person was in another unit and that Marion had not been exposed.

148. Two weeks later, in or around the second week of April 2020, Jacqueline was told by Brighton staff that Marion had pneumonia and was being treated with four different types of antibiotics.

149. At the same time, Brighton tested Ms. Young for COVID-19, and informed Jacqueline Young that it would take a few days for the results to come back.

150. About four days later, Brighton informed Jacqueline that Ms. Young had tested positive for COVID-19.

151. Brighton would not send Ms. Young to the hospital, and they informed Jacqueline that without more specific symptoms, the hospital would just send Ms. Young back to Brighton.

152. Shortly after Ms. Young's COVID-19 diagnosis, Brighton staff called Jacqueline again to tell her that they were sending Marion to the hospital because of concerning vital signs.

153. Marion was admitted to Heritage Valley Beaver.

154. Marion's condition deteriorated over the next day, and she was placed on a ventilator.

155. Marion Young died on April 22, 2020.

156. Ms. Young's Death Certificate reflects that her cause of death was COVID-19.

IV. Rebecca Joy VanKirk, Deceased

157. Rebecca Joy VanKirk ("Rebecca" or "Ms. VanKirk") was admitted to Brighton in June of 2018 for rehabilitation reservices following hip replacement surgery.

158. Like most family members of Brighton residents, Ms. VanKirk's daughter, Brandy Hedger ("Brandy") was told in early March that she could no longer enter the facility to visit her mother because of COVID-19.

159. After visitation ended, it became very difficult for Brandy to communicate with her mother, and Brandy was frequently unable to speak with staff at Brighton regarding her mother's care.

160. During the first week of April, Ms. VanKirk was sent to Heritage Valley Beaver because Brighton staff noticed her mental state had changed.

161. While in the hospital, Ms. VanKirk was tested for COVID-19 and her test came back positive.

162. A nurse from the hospital called to inform Brandy that Ms. VanKirk had contracted the virus, and also informed her that her mother had pressure ulcers on the bottoms of her feet and back, which were not there when Brandy had last seen her mother in March at Brighton.

163. Ms. VanKirk was sent back to Brighton from the hospital, but her health deteriorated quickly.

164. By the end of April, Ms. VanKirk was again sent to Heritage Valley Beaver.

165. At that time, Brandy made the decision to place her mother in hospice care, so Ms. VanKirk was returned to Brighton for that care.

166. Rebecca Joy VanKirk died on May 9, 2020 at Brighton Rehab.

167. Ms. VanKirk's Death Certificate reflects that her cause of death was COVID-19.

V. Earl Denbow, Jr., Deceased

168. Earl Denbow, Jr. ("Mr. Denbow") was admitted to Brighton in January of 2018 for long term care for his Parkinson's Disease and associated delusions.

169. Like most family members of Brighton residents, Mr. Denbow's daughter, Keri Boyer ("Keri") was told in early March that she could no longer enter the facility to visit her father because of COVID-19.

170. However, Keri was able to Facetime her father frequently with assistance from a nurse on her father's floor.

171. On March 23, 2020, Keri received a call from Brighton explaining that her father wasn't feeling well. She was informed that he had a fever and was dehydrated, so they were going to be giving him IV fluids.

172. On March 27, 2020, Keri received a call from Brighton stating that there was a positive COVID-19 case in the facility.

173. Again on March 27, 2020, less than one hour after the first phone call, Keri received another call from Brighton informing her that her father had tested positive for COVID-19.

174. Once Mr. Denbow had tested positive, staff told Keri that her father was being quarantined away from other residents at the facility.

175. However, Keri Facetimed her father, as she frequently did, and saw that Mr. Denbow was still in his original room with his roommate.

176. Mr. Denbow was not quarantined away from his roommate, despite testing positive for COVID-19.

177. On or around March 28, 2020, staff at Brighton told Keri that her father was responding well to treatment.

178. However, on March 29, 2020, Mr. Denbow was placed in hospice care.

179. Earl Denbow Jr. died on April 1, 2020 at Brighton Rehab.

180. Mr. Denbow's Death Certificate reflects that his cause of death was COVID-19.

VI. Virginia Eldridge, Deceased

181. Virginia Eldridge ("Ms. Eldridge") was admitted to Brighton in August of 2019 for long term care for her dementia and management of her medications.

182. Ms. Eldridge's family last visited her on March 10, 2020.

183. On March 12, 2020, Ms. Eldridge's family was told that Brighton was on lockdown and visitors were no longer allowed in the facility.

184. Brighton informed Denise Eldridge (“Denise”), Ms. Eldridge’s daughter, that her mother was tested for COVID-19 numerous times in both March and April and her results were always negative.

185. However, On April 6, 2020, Ms. Eldridge tested positive for COVID.

186. Shortly after testing positive, Denise believed her mother was recovering. She was told by Brighton staff that her fever dropped, and she began eating again.

187. Ms. Eldridge was given oxygen intermittently, but otherwise was never placed on a ventilator, and her family was never informed that she was declining or needed to be taken to the hospital.

188. On April 17, 2020, Virginia Eldridge died at Brighton Rehab.

189. Ms. Eldridge’s family was never permitted to speak with a doctor at the facility regarding her condition, and to this day, her family has not received answers as to why or how their mother declined so quickly when staff led them to believe she was recovering.

190. Ms. Eldridge’s Death Certificate reflects that her cause of death was COVID-19.

VII. Nancy Kemerer, Deceased

191. Nancy Kemerer (“Ms. Kemerer”) was admitted to Brighton in December of 2018 for long term care for her dementia.

192. During her residency at Brighton, Ms. Kemerer was in a private room on the rehabilitation floor of Grove 1.

193. Ms. Kemerer’s daughter, Tracey Mineo (“Tracey”) was informed in early April 2020 that there were a few residents at Brighton who had tested positive for COVID. However, Tracey was told all positive residents were isolated on the dementia floor.

194. Starting at the end of April, Ms. Kemerer began experiencing symptoms of COVID-19, namely severe diarrhea.

195. Almost a week after Ms. Kemerer's symptoms started, she was tested for COVID-19 and her results came back positive.

196. At some point, Ms. Kemerer was moved to Floor 3, though neither of her daughters were informed of this. Upon learning of the move, Tracey was told her mother was moved to a COVID positive floor to isolate her from other residents.

197. However, Tracey learned after her mother was moved that residents on Floor 3 were not actually being isolated, but that numerous residents were left to wander around the floor and in the sitting room areas as they pleased, with no masks on.

198. Tracey requested that her mother be taken to the hospital for treatment, but she was told by Brighton staff that the hospital was not accepting COVID-19 patients.

199. Tracey then called Heritage Valley Beaver and staff there told her that the hospital was in fact accepting COVID-19 patients.

200. Tracey then called Brighton Rehab again to give them of the information she had received from the hospital.

201. She was told by both a PA and a doctor who were treating her mother that the hospital would not be able to do anything for her mother that Brighton wasn't already doing, and refused to send Ms. Kemerer mother to the hospital.

202. After this refusal, Tracey was connected with Brighton's Medical Director, Defendant Dr. David Thimons, via Facetime.

203. Defendant Dr. Thimons told Tracey that he wanted to try to continue treating her mother before sending her to the hospital.

204. Defendant Dr. Thimons started Ms. Kemerer on IV fluids and started breathing treatments.

205. The following day, Ms. Kemerer's original Doctor stopped all treatments and told Tracey that her mother was dying and she needed to accept it, as her mother had a DNR.

206. Nancy Kemerer died on May 15, 2020 at Brighton Rehab.

207. Ms. Kemerer's Death Certificate reflects that her cause of death was COVID-19.

VIII. Glenn Oscar Gill

208. Glenn Oscar Gill ("Mr. Gill") was admitted to Brighton on September 25, 2019 for long term care for his advanced dementia.

209. Jodi Gill, Mr. Gill's daughter, received a call from a social worker at Brighton's facility on March 12, 2020, informing her that she could no longer come to visit her father, as the facility was on lockdown due to COVID-19.

210. Over the next few days, Jodi attempted to call and speak with her father on the phone multiple times, but was unable to get him on the phone. There is one cordless phone for the entire floor, and there was never any guarantee that it could be located.

211. At the end of March 2020, Jodi received a call from staff informing her that Brighton had its first positive COVID-19 case. Jodi was told the case was in "Four East", not her father's wing, and that precautions were being taken to isolate the other wings.

212. On April 8, 2020, Jodi received a call from Brighton that her father had a slight fever of 99.4 degrees, and that they were going to test him for COVID-19.

213. On April 9, 2020, Jodi received a follow-up call from Brighton informing her that her father's COVID-19 test had come back negative.

214. On May 12, 2020 new protocols were enacted by Brighton to separate positive and negative patients. Mr. Gill was moved to Grove 1, which was meant to house negative patients.

215. However, on May 28, 2020, Jodi received a call from Brighton staff saying her father had tested positive for COVID-19. Staff told Jodi her father had not exhibited symptoms and they were hoping the test was a false positive and as such, he was going to be tested again.

216. However, until he could be tested again, due to new protocols, Mr. Gill had to be moved to the COVID positive floor.

217. Despite not initially showing symptoms, Mr. Gill's second COVID-19 test also came back positive and it was confirmed that he had in fact been infected with the virus.

218. Though Mr. Gill has since recovered from COVID-19, the infection and the drastic changes within Brighton have had a severe impact on his everyday life, namely worsening his dementia.

219. Since contracting the virus, Mr. Gill has experienced increased confusion and anxiety, which has led to outbreaks of agitation on his part. In order to calm him, he is prescribed three daily doses of Seroquel, which have a dulling effect and make Mr. Gill socially withdrawn.

220. Mr. Gill's ability to communicate with his daughter Jodi has declined.

IX. Kenneth Wright

221. Kenneth Wright was admitted to Brighton on June 3, 2019 for therapy services after fracturing his humerus.

222. On April 6, 2020, Mr. Wright had a dry cough and a sore throat.

223. Because of these symptoms, Mr. Wright was tested for COVID and his test results came back as positive on April 9, 2020.

224. Since testing positive, Mr. Wright has noticed he is extremely tired, has trouble breathing, and requires oxygen to be able to breathe.

225. Mr. Wright still has trouble breathing and feels tired, even months after contracting the virus.

226. Mr. Wright fears that he may contract the virus again, given that a resident who resides on the same floor as him, Grove 3, tested positive for COVID-19 on September 24, 2020.

227. Brighton has not removed the COVID positive patient from the floor, but has instead bagged the door of the patient's room.

228. Mr. Wright is currently recovering from the virus, but he and his loved ones' fear that he may contract the virus again, given that a resident on his floor just tested positive and given the uncertainty of retransmission.

229. Mr. Wright and his loved ones also fear the long-term side effects he may suffer from contracting COVID-19.

X. Dorothy Umstead

230. Dorothy Umstead ("Ms. Umstead") was admitted to Brighton in March of 2019 for nursing and rehabilitation services following a change in her mental state.

231. In April 2019, Ms. Umstead's daughter, Judith Marie ("Judith") received the following text messages from an anonymous staff member at Brighton:

Anonymous: Hi Covid is in your moms room. I won't identify myself

Anonymous: The truth is the whole building was infected and they were moving all the infected people to one side of the building. So they were able to say it's on one side of the building. But now that those sides are all full with Covid patients there is nowhere else to go.

Anonymous: Just to let you know that it's really hush hush but it's literally one person over from her. Nobody is safe.

Anonymous: Yeah. Diagonal from her is +

Anonymous: They are in their rooms. But in your moms room there is someone that's positive and everyone else is pending. They normally move them but they didn't today. In the beginning.

Anonymous: They lied and said it was all on one side of the building. That wasn't the truth.

Anonymous: It's everywhere. It would get her out of here.

Anonymous: I'm sorry. Just wanted you to know the truth. They are not going to share everything with you because you went to the media.

Anonymous: Your mom will likely come back positive. Just a heads up. Advocate and advocate loudly.

Anonymous: When this is all over I will tell you who I am. I think you'll be pleasantly surprised, But I will take care of your mom.

232. On April 19, 2020 Dorothy Umstead was diagnosed with COVID-19.

233. Ms. Umstead is currently recovering from the virus, but she and her loved ones fear that she may contract the virus again, given the uncertainty of retransmission.

234. Ms. Umstead and her loved ones also fear the long-term side effects she may suffer from contracting COVID-19.

XI. Lucille Williams

235. Lucille Williams was admitted to Brighton in April 2019 for nursing and rehabilitation services and for daily help caring for herself.

236. On or around April 20, 2020, Ms. Williams tested positive for COVID-19.

237. Even after testing positive, Brighton did not move Ms. Williams to a different part of the facility to be isolated or quarantined from other residents who did not have COVID-19.

238. Brighton never transferred Ms. Williams to the hospital for evaluation or treatment.

239. Ms. Williams is currently recovering from the virus; but she and her loved ones fear that she may contract the virus again, given the uncertainty of retransmission.

240. Ms. Williams and her loved ones also fear the long-term side effects she may suffer from contracting COVID-19.

XII. Shelby Galton

241. Shelby Galton was admitted to Brighton in March 2019 for nursing and rehabilitation services due to intellectual and physical disabilities.

242. Kristine Skal, Ms. Galton's close friend, was Brighton's contact person for Shelby Galton.

243. In early March, Ms. Galton's roommate tested positive for COVID.

244. Brighton did not remove Ms. Galton or her roommate from their shared room.

245. On March 22, 2020 Kristine called and asked Brighton staff if residents and staff were being restricted to certain floors to prevent the spread of COVID-19. Brighton staff told Kristine that they did not know whether or not floors were being isolated.

246. On April 15, 2020 Brighton staff informed Kristine that because the facility had more than 100 residents with COVID-19 Brighton would no longer be testing residents. Instead, floors were "sheltering in place" and it would be assumed that all residents had been exposed to the virus.

247. At this point, Ms. Galton was presumed to have COVID-19, though she still had not received a COVID test.

248. On May 8, 2020 Ms. Galton was admitted to Heritage Valley Beaver because of low oxygen levels.

249. Dr. Martinez of Heritage Valley Beaver was concerned about sending Ms. Galton back to Brighton when she did not yet have a COVID test result. Dr. Martinez asked Brighton staff where Ms. Galton would be placed upon readmission at Brighton. Brighton staff told Dr. Martinez that Brighton would “sort it out.”

250. On May 11, 2020 Ms. Galton was readmitted to Brighton Rehab. Brighton placed Ms. Galton in her usual room and did not isolate or quarantine Ms. Galton from other residents.

251. On May 13, 2020 Ms. Galton received the results of her COVID test—she had tested positive for COVID-19.

252. By this point, members of the Pennsylvania National Guard were stationed in the facility.

253. By recommendation of the National Guard, Ms. Galton and her roommate were moved to a four-person bedroom to be isolated from other residents who did not have COVID-19.

254. Ms. Galton is currently recovering from the virus; but fears that she may contract the virus again, given the uncertainty of retransmission.

255. Ms. Galton and her loved ones also fear the long-term side effects she may suffer from contracting the virus.

XIII. Ala Mazzocca, Deceased

256. Ala Mazzocca was admitted to Brighton Rehab in June 2015 for long term care for her advanced dementia.

257. On March 10, 2020, Barbara Macurak, Ms. Mazzocca's daughter, went to Brighton to visit her mother.

258. On March 12, 2020, Barbara Macurak returned to the facility to see her mother and was informed on arrival at Brighton that the facility was on lockdown and she was not allowed in. There was no warning nor communication prior to this.

259. Barbara Macurak called Brighton numerous times to receive updates on her mother, but all calls went without answer.

260. Ms. Macurak was eventually able to speak with the administrator which led to a call from the facility informing her that everyone was sick, and the staff was overwhelmed.

261. On April 8, 2020 Patricia Mazzocca received a call from Defendant Dr. Thimons, informing her that the facility is no longer testing anyone for COVID as they are assuming all residents and all staff have contracted the virus and the facility is treating everyone.

262. Dr. Thimons also informed Patricia that her mother wasn't acting like herself.

263. A nurse later called Patricia Mazzocca and told her "mom is totally fine, just fine."

264. The next communication either Barbara or Patricia had with the facility was on April 13, 2020. During this call, a nurse informed Barbara that Ala Mazzocca has died of pneumonia.

265. Tremella Celestin, a nurse who worked at Brighton from January 2020 to May 24, 2020, identified that the facility maintained a list of COVID positive patients and identified that Ala Mazzocca was one of the residents on that list.²

XIV. Joseph “Randy” Clavelli, Deceased

266. Joseph “Randy” Clavelli was admitted to Brighton Rehab on November 6, 2019 for long term care due to life-long mental health issues.

267. Mr. Clavelli was regularly visited by his daughter, Christina Clavelli, and his sister, Kim Clavelli.

268. On March 31, 2020, Mr. Clavelli was tested for COVID and the test was returned positive. Staff at Brighton did call Christina Clavelli to inform her of the positive test.

269. On April 1, 2020, the Clavelli family was contacted by Brighton and told that Mr. Clavelli had been quarantined in a COVID unit.

270. Kim Clavelli was called by Brighton and informed that her brother was ill, but not sick enough to require hospitalization.

271. On April 2, 2020, Christina received a call that Mr. Clavelli was being transferred to Heritage Valley Beaver after he was found unresponsive in bed.

272. Christina Clavelli spoke with a nurse at Heritage Valley Beaver while her father was admitted to the hospital and was informed that her father was not on a ventilator and was resting.

273. Mr. Clavelli was transferred back to Brighton Rehab on April 5, 2020.

² See Declaration of Tremella Celestin attached hereto as Exhibit 1.

274. Christina Clavelli spoke with an employee at Brighton who reported that Mr. Clavelli's oxygen saturation level was low and that he was in pain.

275. On or about April 9, 2020, staff at Brighton Rehab called Christina Clavelli to discuss hospice and comfort measures for Mr. Clavelli.

276. Mr. Clavelli was admitted to Gallagher Hospice on April 10, 2020. He died days later, on April 15, 2020.

277. Mr. Clavelli's Death Certificate reflects that his cause of death was COVID-19.

XV. Shirley M. Mike, Deceased

278. Shirley M. Mike ("Ms. Mike") was admitted to Brighton on June 21, 2016 for long term care for her dementia, following a diagnosis of sepsis.

279. During her admission at Brighton, and prior to the pandemic, Ms. Mike's family spoke with her by phone and visited regularly.

280. In or around mid-March 2020, Ms. Mike's daughter, Bobbie Johnson, received a phone call from Brighton informing her that there had been an outbreak of COVID-9 at the facility and visitors were no longer allowed. Ms. Johnson was told that her mother was doing well and that she had not been diagnosed with or tested for COVID-19. Johnson was further told that individuals at the facility who had COVID-19 were being quarantined in another ward, not the ward where Ms. Mike's room was located.

281. Throughout the remainder of March and early April 2020, Ms. Johnson made multiple phone calls to Brighton to check on her mother's condition. Often no one answered the phone at the facility and when someone did answer, they did not relay specific information as to Ms. Mike's condition or the outbreak at the facility.

282. On or about April 2 or 3, 2020, Ms. Johnson received a phone call from Brighton informing her that her mother had fallen, that she had some bleeding in the facial area, and that she was being taken to Heritage Valley Beaver for assessment for a possible nose fracture.

283. On or about April 3, 2020, Ms. Mike was taken to Heritage Valley Beaver for assessment following a ground level fall. She was discharged later that day and returned to Brighton.

284. Throughout April 3, 2020 Ms. Johnson made phone calls to Brighton but no one at the facility answered the phone, and she was unable to obtain information about her mother's condition.

285. On or about April 4, 2020, Ms. Johnson received a phone call from Brighton informing her that her mother had not sustained serious injury in her fall, she had elevated blood pressure, but was being administered morphine for pain and was resting comfortably.

286. On or about April 11, 2020, Ms. Mike was tested for COVID-19, with a positive result reported on April 14, 2019.

287. According to records, on or about April 13, 2020, Ms. Johnson received a phone call from Brighton informing her that her mother was having difficulty breathing. At or around this time an employee of Brighton took a photograph of Ms. Mike and forwarded it to Ms. Johnson.

288. Ms. Mike died at Brighton on April 15, 2020.

289. Brighton did not inform Ms. Johnson that her mother had been tested for COVID-19 or that her results were reported as positive for COVID-19 until they informed Ms. Johnson of her mother's death on April 15, 2020.

290. Ms. Mike's Death Certificate reflects that her cause of death was COVID-19.

Facts Common to All Causes of Action

I. Brighton's COVID Outbreak

291. On March 6, 2020 Pennsylvania Governor Tom Wolf issued an Emergency Order which required Pennsylvania residents to stay at home unless they were essential workers.

292. At the same time, the Pennsylvania Department of Health ("DOH"), issued new guidelines for its inspection of nursing facilities.³

293. First, the DOH suspended all "regular" on-site inspections of health care facilities, even for facilities that had previously been cited for violating infection-control regulations.

294. Next, the DOH limited its complaint-based inspections to only those situations where a facility was putting a resident in "immediate jeopardy."⁴ "Immediate jeopardy" was defined as when a nursing home's "noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death."⁵

³ The Pennsylvania Department of Health licenses skilled nursing facilities and long-term care facilities located in the Commonwealth of Pennsylvania. The DOH is also responsible for conducting regular and complaint-based inspections of the facilities it licenses to ensure that these facilities are complying with the mandatory requirements for operation. These mandatory requirements come from state and federal regulations that provide minimum standards for patient care. If the DOH finds that a nursing facility has violated a regulation, the DOH can issue a citation. A monetary fine may accompany this citation. The DOH will also require the nursing facility to submit a written plan to correct its deficiencies. The DOH will monitor the facility to ensure that deficiency is corrected.

⁴ Candy Woodall, *As coronavirus deaths increase, Pa. nursing homes have less state and federal oversight*, YORK DAILY RECORD (Apr. 24, 2020), <https://www.ydr.com/story/news/2020/04/24/coronavirus-leads-pa-stop-routine-safety-inspections-nursing-homes/3016487001/>

⁵ CENTERS FOR MEDICARE AND MEDICAID SERVICES, *State Operations Manual Appendix Q – Core Guidelines for Determining Immediate Jeopardy* (March 6, 2019) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_q_immedjeopardy.pdf

295. On March 12, 2020, Brighton placed its facility on “lockdown” and visitors were no longer allowed inside the building to see residents.

296. By March 28, 2020, fourteen Brighton residents had tested positive for COVID-19.

297. By March 30, 2020, two female residents had died from the virus.

298. On March 31, 2020, the Service Employees International Union (SEIU) Healthcare Pennsylvania (the union representing healthcare workers at Brighton) reported that six employees of the facility had tested positive for COVID-19.

299. By this date, nineteen residents were positive for COVID-19.

300. Defendant David Thimons, D.O., Brighton’s Medical Director, repeatedly released statements claiming that he and other medical staff were properly handling the COVID virus at Brighton. Among Thimons’s statements were, “Is our staff stretched? Yes. Absolutely. But, we are doing physicians rounds with every patient seven days a week. From a medical standpoint we are doing everything everyone is doing to care for [COVID-19] patients around the country.”⁶

301. Positive COVID-19 case numbers at Brighton rose quickly, and by April 2, 2020, Brighton reported that 38 residents had tested positive for COVID-19, and that a third resident had died from the virus.

302. However, Brighton was not reporting accurate numbers. Brighton admitted that it was omitting residents from its total COVID count by excluding those residents that it had transferred to the hospital and those residents who had died.⁷

⁶ Sean D. Hamill, *With COVID-19 cases rising, Beaver County nursing home asks for help 'from everyone'*, PITTSBURGH POST-GAZETTE (Apr. 1, 2020), <https://www.post-gazette.com/local/west/2020/04/01/With-COVID-19-cases-rising-Beaver-County-nursing-home-asks-for-help-from-everyone/stories/202004010121>.

⁷ Hamill, *supra*, note 4.

303. On or around April 2, 2020, six Brighton employees walked off the job. They cited unsafe working conditions, including inadequate personal protective equipment (PPE) and resources, as their reason for leaving.

304. After more employees began to leave Brighton, residents' families also began to remove their loved ones from Brighton, if possible. One such family member, identified in a KDKA news report as "Connie S.," stated, "Well the nurse basically said that to me with 100% certainty, everybody is going to get it. How she knew that, I don't know, but that was the final straw."⁸

305. By April 3, 2020, five Brighton residents had died from COVID-19.

306. By April 4, 2020, forty-two Brighton residents and ten employees had tested positive for COVID-19.

307. By April 6, 2020, Brighton began operating under the presumption that everyone in their facility, including staff and all residents, would be assumed to be positive for COVID-19. Brighton issued a press release, stating, "Upon consultation with the Department of Health, and consistent with practices of facilities on the cutting edge of prevention and treatment, we are beginning to shift away from counting test results, and presuming all staff and residents may be positive."⁹

⁸ CBS PITTSBURGH, *Coronavirus In Beaver County: Healthcare Workers Who Walked Off The Job Citing Unsafe Conditions Reach Deal With Owners* (Apr. 2, 2020) <https://pittsburgh.cbslocal.com/2020/04/02/brighton-rehab-and-wellness-center-union-workers-owners-deal/>.

⁹ Sean D. Hamill, *Beaver County nursing home now presumes everyone in building may have COVID-19*, PITTSBURGH POST-GAZETTE (Apr. 6, 2020), <https://www.post-gazette.com/local/west/2020/04/06/Brighton-Rehab-and-Wellness-Beaver-PA-nursing-home-coronavirus-positive-cases/stories/202004060124>.

308. By April 8, 2020, eleven residents of Brighton were confirmed dead of COVID-19 and it was estimated that at least fifty residents and ten staff members were COVID-positive.

309. Brighton's reporting of COVID numbers was so unreliable that Beaver County Commissioners began to express concern about the facility's handling of COVID-19, and could not get anyone from the facility to respond to their questions. Commissioner Tony Amadio stated, "We're having our own pandemic in Beaver County at one facility... Most of this – probably 80% is coming from one facility."¹⁰ Commissioner Daniel Camp stated "Today [April 16, 2020] we asked the management at Brighton Rehab to be transparent –as it is important to the families of loved ones who are living there, the local medical facilities, and the medical community at large to understand the situation in their facility."¹¹

310. Despite these calls to action, Brighton did not publish its numbers of COVID cases and deaths transparently. In early April, Brighton stopped releasing numbers to the public, and families were forced to estimate the numbers by cross-checking data published by the Pennsylvania Department of Health (categorized by county) with the data reported by the only other two nursing facilities in the county.¹²

311. In April, two of the other nursing facilities in Beaver County (Concordia at Villa St. Joseph and Rochester Manor and Villa) each had only one resident with COVID-19.¹³

¹⁰ Amy Hudak, WPXI-TV, *Beaver Co. officials express concern about coronavirus in nursing home* (Apr. 16, 2020) <https://www.wpxi.com/news/local/beaver-county/beaver-co-officials-express-concern-about-coronavirus-nursing-home/L3UDGZL23VC2VFPPVRVF4V55VU/>.

¹¹ Hudak, *supra* note 8.

¹² Daveen Rae Kurutz, THE TIMES, *State data indicates 20 new cases at Brighton Rehab, total surpasses 260* (Apr. 27, 2020) <https://www.timesonline.com/news/20200427/state-data-indicates-20-new-cases-at-brighton-rehab-total-surpasses-260>.

¹³ Kurutz, *supra* note 10.

312. On April 16, 2020, it was suspected that Brighton had over 100 residents with COVID-19. The Pennsylvania Emergency Management Agency reported at least 104 positive cases, but the DOH suspected that the actual number was much higher.¹⁴

313. On April 20, 2020, the DOH released data based on ZIP-code which revealed that Brighton likely had around 161 COVID-19 cases, which accounted for approximately 54% of Beaver County's 298 cases. Brighton was suspected to have had 30 residents die of COVID, which was nearly 85% of Beaver County's total deaths.¹⁵

II. The Pennsylvania Department of Health's April 17, 2020 Investigation

314. Following numerous complaints about Brighton's handling of COVID-19, the Pennsylvania Department of Health conducted an on-site inspection of Brighton on April 17, 2020, evidently believing that Brighton was placing its residents in "immediate jeopardy."

315. The DOH's inspection included reviewing Brighton's written policies and procedures, observing staff providing care to residents, and interviewing staff.

316. From this inspection, the DOH cited Brighton for numerous infractions and deficiencies, including Brighton's non-compliance with federal requirements for infection control.

317. The DOH concluded that "[Brighton] failed to make certain social distancing was maintained by staff, properly store clean linens and soiled laundry, provide proper supplies to perform hand washing, properly store biohazardous waste, ensure sinks are accessible to perform handwashing, properly wear gloves and perform hand hygiene and create a clean and sanitary

¹⁴ Chrissy Suttles, ELLWOOD CITY LEDGER, *County families mourn, celebrate loved ones lost at Brighton Rehab* (Apr. 21, 2020), <https://www.ellwoodcityledger.com/news/20200421/county-families-mourn-celebrate-loved-ones-lost-at-brighton-rehab/1>

¹⁵ Suttles, *supra* note 12.

environment which created the potential for the cross-contamination and the spread of diseases and infections for seven of eleven nursing units.”¹⁶

318. The DOH reported the following from its interview of Brighton employees:

- a. “During an interview on 4/17/20, at 3:15 p.m. the Nursing Home Administrator (NHA) confirmed the facility failed to practice proper social distancing which caused the potential of cross contamination and the spread of diseases and infections.”
- b. “During an interview on 4/17/20 at 4:34 p.m. the Assistant Director of Nursing (ADON) Employee E25 confirmed that the facility failed to properly store clean linens and soiled laundry and provide soap for hand washing which created the potential for cross-contamination and the spread of diseases and infections.”
- c. During an interview on 4/17/20, at 4:44 p.m. the ADON Employee E25 confirmed that the facility failed to provide proper supplies to perform hand washing which created the potential for cross-contamination and the spread of diseases and infections.

319. This was not Brighton’s first time being cited by the Department of Health.

320. In the past 30 months, Brighton received 110 total citations from the Department of Health in the following general categories:

- a. Nine citations for violations regarding “resident rights”;
- b. Three citations for violations regarding “staff treatment of residents”;
- c. One citation for a violation regarding “quality of life”;
- d. Two citations for violations regarding “resident assessment”;

¹⁶ DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION, Statement of Deficiencies and Plan of Correction (POC) (Apr. 17, 2020), <https://sais.health.pa.gov/CommonPOC/Content/PublicWeb/PDF/1QKJ1191789051800L.PDF> (Attached as Exhibit 2).

- e. Seven citations for violations regarding “quality of care”;
- f. Seven citations for violations regarding “nursing and physician services”;
- g. Five citations for violations regarding “dietary services”;
- h. Five citations for violations regarding “ancillary services”;
- i. Two citations for violations regarding “physical environment”;
- j. Six citations for violations regarding “administration”; and
- k. Sixty-three citations for violations regarding “building safety deficiencies.”¹⁷

321. This is 74 more citations than the average skilled nursing facility in Pennsylvania received in the past 30 months, and 55 more citations than the average Pennsylvania facility of similar size.¹⁸

322. Additionally, Brighton had been cited three times in the past year alone (before the COVID-19 pandemic began) for infection-control infractions.

323. On October 30, 2019, Brighton was cited by the DOH for violating federal requirements for infection prevention and control.¹⁹

¹⁷ PENNSYLVANIA DEPARTMENT OF HEALTH, *Nursing Care Facility Performance Profile – 30 Month Period*, <https://sais.health.pa.gov/commonpoc/Content/PublicWeb/PerformanceProfile.asp> (Last accessed Sept. 8, 2020) (attached as Exhibit 3).

¹⁸ PENNSYLVANIA DEPARTMENT OF HEALTH, *Nursing Care Facility Performance Profile – 30 Month Period*, *supra* note 17.

¹⁹ DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION, *Statement of Deficiencies and Plan of Correction (POC)* (Oct. 30, 2019), <https://sais.health.pa.gov/CommonPOC/Content/PublicWeb/PDF/1QKJ1191789051800L.PDF> (Attached as Exhibit 4).

324. In this inspection, Brighton received a “below average” grade for a pattern of conditions that the DOH believed could lead to the “spread of infection and diseases.”²⁰

325. The DOH ordered Brighton to implement a plan to address and remedy its infection control deficiencies.

326. However, COVID numbers and deaths at Brighton continued to rise, evidencing that Brighton did not implement an adequate plan to get their COVID outbreaks under control.

327. On Tuesday April 28, 2020, 13 Brighton residents died from COVID in one day, increasing the total death toll from 39 to 52 residents.

328. By April 29, 2020, another six Brighton residents died from COVID, bringing the facility’s total deaths to 58 residents. At this point, approximately 10% of Brighton’s residents had died from COVID-19.²¹

329. On this date, there were 248 Brighton residents with COVID.²²

330. Brighton was now responsible for 68% of Beaver County’s total cases and 88% of the County’s COVID-19 related deaths.²³

331. In response to Brighton’s mismanagement of its COVID outbreak, on April 15, 2020, the Department of Health appointed Long Hill Company to take over as the temporary

²⁰ DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION, *Statement of Deficiencies and Plan of Correction (POC)* (Oct. 30, 2019), Exhibit 4 *supra* note 19.

²¹ Daveen Rae Kurutz, ELLWOOD CITY LEDGER, *Nursing home COVID deaths rise by 13 in Beaver County at Brighton Rehab* (Apr. 28, 2020), <https://www.ellwoodcityledger.com/news/20200428/nursing-home-covid-deaths-rise-by-13-in-beaver-county-at-brighton-rehab>.

²² PENNSYLVANIA DEPARTMENT OF HEALTH, PENNSYLVANIA NATIONAL ELECTRONIC DISEASE SURVEILLANCE SYSTEM, *PA Coronavirus (COVID-19) Update Archive April 2020* (Apr. 30, 2020), <https://www.health.pa.gov/topics/disease/coronavirus/Pages/April-Archive.aspx>.

²³ Kurutz, *supra* note 21.

manager of Brighton Rehab; though Brighton and Long Hill Company said that Long Hill's role was only to "consult."²⁴

332. The DOH also contracted with a local health care consulting company, Emergency Care Research Institute (ECRI), to aid with infection control at Brighton. ECRI began holding daily calls with Brighton staff.²⁵

333. These appointments at Brighton were announced to the public on April 30, 2020.

334. U.S. Representative Conor Lamb publicly called for an investigation into Brighton on April 30, 2020, stating "I believe that our government owes these families a long, detailed and thorough investigation."²⁶

III. The Department of Health's May 5, 2020 Investigation

335. By May 1, 2020, the death toll at Brighton had reached 60 residents, and there were 272 residents with COVID in the facility.

336. Beginning on May 1, 2020, the Department of Health conducted a 4-day on-site investigation at Brighton Rehab.

337. Issuing its report on May 5, 2020; the DOH found that Brighton was violating various state and federal regulations for long term care facilities, thereby failing to prevent the potential for cross-contamination of disease. Out of eleven total nursing units at Brighton, the DOH

²⁴ Sean D. Hamill, PITTSBURGH POST-GAZETTE, *State will impose a temporary manager at troubled Beaver County nursing home* (May 8, 2020), <https://www.post-gazette.com/local/west/2020/05/08/State-will-impose-a-temporary-manager-at-troubled-Beaver-County-nursing-home-again/stories/202005080110>.

²⁵ Patrick Varine, TRIB LIVE, *State appoints 'temporary manager' for covid-stricken Beaver nursing home* (Apr. 30, 2020), <https://triblive.com/local/regional/state-appoints-temporary-manager-for-covid-stricken-beaver-nursing-home/>.

²⁶ J.D. Prose, THE TIMES, *Lamb calls for 'thorough investigation' of Brighton Rehab COVID-19 outbreak* (Apr. 30, 2020), <https://www.timesonline.com/news/20200430/lamb-calls-for-thorough-investigation-of-brighton-rehab-covid-19-outbreak>.

found that Brighton had placed the residents of nine units in “Immediate Jeopardy” (risk for serious injury, serious harm, serious impairment or death).²⁷

338. In its report, the DOH also found that Brighton’s Nursing Home Administrator (NHA) and Director of Nursing (“DON”) failed to “effectively manage the facility to make certain that proper infection control procedures were followed to protect residents from cross-contamination, infections, virus and disease in the facility. [...] The NHA and the DON failed to fulfill their essential job duties to ensure that the federal and state guidelines and regulations were followed.”²⁸

339. The Department of Health’s May 5, 2020 Report details that in just 90 minutes of the very first day of its inspection, the DOH witnessed more than two dozen regulatory violations, including:

- a. Staff failed to wear proper Personal Protective Equipment (PPE) while in the building, creating the potential for cross-contamination and the spread of disease and infections;
- b. Staff failed to follow proper hand hygiene procedures after glove removal;
- c. There were no soap or paper towels at handwashing sinks;
- d. Employees walked through the hallways with masks down around their chins;
- e. Staff left clean linen carts open to the air, creating the potential for cross-contamination;

²⁷DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION, *Statement of Deficiencies and Plan of Correction (POC)* (May 5, 2020), <https://sais.health.pa.gov/CommonPOC/Content/PublicWeb/PDF/OTFS1191789051800L.PDF>, (Attached as Exhibit 5).

²⁸ DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION, *Statement of Deficiencies and Plan of Correction (POC)* (May 5, 2020), *supra* note 27.

- f. Staff failed to maintain the proper 6-feet social distance between other employees who were eating in common areas without masks on;
- g. An employee obtained multiple residents' blood sugar levels using the same glucometer without changing gloves or practicing proper hand hygiene between residents;
- h. Staff allowed residents' waste baskets to overflow onto the floor, and left used gloves on the floor;
- i. An employee pushed a medical cart down the hall, touched and sorted through the drawers on the cart, and then locked the cart, all without taking off or changing gloves that they had worn while treating a resident; and,
- j. An employee emptied resident urinals while wearing gloves; that employee then used a temporal thermometer and pulse-oximeter on multiple patients without sanitizing the devices between uses or changing their gloves that they had worn to handle residents' urine. The employee never removed her gloves, performed hand hygiene, or cleaned the equipment between residents.

340. The DOH issued Brighton a \$58,260.00 fine, which would accrue an additional \$110.00 each day until all violations were rectified.²⁹

IV. National Guard, Federal Agencies Intervene

341. On May 11, 2020, the Pennsylvania National Guard stationed 38 guard members at Brighton to "get residents who are non-COVID and those who have recovered from the disease and separate them from those who have it, and save lives."³⁰

²⁹ Sean D. Hamill, PITTSBURGH POST-GAZETTE, *Inspection at Beaver County nursing home found residents were in 'Immediate Jeopardy'* (June 21, 2020), <https://www.post-gazette.com/local/west/2020/06/21/Inspection-at-Beaver-County-nursing-home-found-residents-were-in-Immediate-Jeopardy/stories/202006180171>.

³⁰ Sean D. Hamill, PITTSBURGH POST-GAZETTE, *National Guard, temporary manager move in to troubled nursing home*, <https://www.post-gazette.com/local/west/2020/05/11/Brighton-Rehabilitation-and-Wellness-Center-Beaver-PA-National-Guard-temporary-manager/stories/202005110109>.

342. The same day the National Guard was deployed to Brighton, the Department of Health hired another temporary manager for the facility. Allaire Health Services of Freehold, NJ, was hired to remain until Brighton achieved compliance with the recommendations of the DOH and the rate of infection was substantially reduced.³¹

343. On May 12, 2020, United States Secretary of Health and Human Services, Alex Azar, announced that Brighton Rehab would be subject to a federal investigation. Federal investigators from the Department of Health and Human Services were at the facility collecting data and observing from May 12 until May 14, 2020.³² Investigators from the Federal Centers for Medicare and Medicaid Services (hereinafter “CMS”) were still reviewing medical records from Brighton as late as mid-June.³³

344. Azar stated that the number of lives lost at the facility, totaling 71 residents as of May 12, 2020, was the reason for the investigation.³⁴

345. Following the federal investigation at Brighton Rehab, CMS Administrator Seema Verma announced that Brighton would be fined \$62,580.00 for deficiencies with basic infection-

³¹ PITTSBURGH’S ACTION NEWS 4, *PA Department of Health puts temporary manager at Brighton Rehabilitation and Wellness Center* (May 11, 2020), <https://www.wtae.com/article/pa-department-of-health-puts-temporary-manager-at-brighton-rehabilitation-and-wellness-center/32437776>.

³² Nicole Ford, KDKA 2 CBS PITTSBURGH, *HHS Secretary Alex Azar: Federal Investigation Underway Into Brighton Rehab And Wellness Center, Where More Than 70 Residents Have Died* (May 29, 2020), <https://pittsburgh.cbslocal.com/2020/05/29/federal-investigation-brighton-rehab-and-wellness-center/>.

³³ Sean D. Hamill, PITTSBURGH POST-GAZETTE, *Feds fine Beaver County nursing home for COVID-19-related deficiencies* (June 11, 2020), <https://www.post-gazette.com/local/west/2020/06/11/Brighton-Rehabilitation-and-Wellness-Center-Beaver-County-nursing-home-CMS-fine/stories/202006110148>.

³⁴ Ford, *supra* note 32.

prevention protocols. Additional fines would continue to accrue until corrective action was taken to ensure compliance.³⁵

346. The deficiencies CMS found were similar to those found by the Pennsylvania Department of Health, including: inadequate or non-existent PPE, the use of medical equipment that was not properly cleaned, and improper medical record documentation.³⁶

347. At the end of May 2020, the Pennsylvania Department of Health released data reporting COVID numbers for each long-term care facility in the Commonwealth. Brighton was reported to have 368 residents and 31 employees with COVID-19. The number of COVID deaths at Brighton reached 76 residents, the most deaths of any facility in the Commonwealth.³⁷

348. On June 10, 2020, Brighton reported to the DOH that it was home to 334 residents, 126 fewer residents than the 460 residents Brighton reported having when the outbreak began in early March.³⁸

349. By June 11, 2020, Brighton reported that 332 of its residents and 104 employees were COVID-positive. Brighton's death toll was up to 80 residents.³⁹

V. Brighton's Reckless Response to the COVID-19 Outbreak

350. Tremella Celestin worked at Brighton as a Certified Nursing Assistant ("CNA") from January 2020 until May 24, 2020.⁴⁰

³⁵ Hamill, *supra* note 33.

³⁶ Hamill, *supra* note 33.

³⁷ PENNSYLVANIA DEPARTMENT OF HEALTH, *COVID-19 LTCF Data* (May 26, 2020), https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/COVID-19%20LTCF%20Data_5-26-20.pdf (Attached as Exhibit 6).

³⁸ Hamill, *supra* note 33.

³⁹ Hamill, *supra* note 33.

⁴⁰ See Declaration of Tremella Celestin, attached hereto as Exhibit 1.

351. According to Ms. Celestin, beginning sometime in March of 2020, Brighton management kept a list of all COVID-positive residents, which could be accessed by staff members.⁴¹

352. However, there was no widespread testing of residents for COVID-19; only residents who displayed symptoms were tested.⁴²

353. At the same time, Brighton's documentation of which residents were positive was wholly inaccurate. Some residents who were considered positive were never even tested for COVID-19.

354. Even after residents at Brighton received COVID-19 positive diagnoses in March of 2020, management did not isolate or separate COVID-positive and COVID-negative residents until around May 21, 2020.⁴³

355. Worse, same staff members were assigned to care for COVID-positive and COVID-negative residents at the same time, before Personal Protective Equipment ("PPE") was issued.⁴⁴

356. Neither staff nor residents were consistently provided with PPE until the Pennsylvania National Guard arrived at Brighton.⁴⁵

357. At no point was Ms. Celestin provided with any type of in-service training related to infection prevention, precautions, or facility protocols, even though she and other nurse aides

⁴¹ Celestin Declaration, *supra* note 40.

⁴² Celestin Declaration, *supra* note 40.

⁴³ Celestin Declaration, *supra* note 40.

⁴⁴ Celestin Declaration, *supra* note 40.

⁴⁵ Celestin Declaration, *supra* note 40.

were provided with paperwork indicating that they had received training related to infections and other topics.⁴⁶

VI. Brighton's Profit from Understaffing

358. Brighton Rehab gains much of its revenue and profit from taxpayer dollars by participating in federal and state funded Medicare and Medicaid programs.

359. In the Medicare/Medicaid system, every nursing home resident is assigned an "acuity" level which reflects the number and severity of their medical conditions and illnesses.

360. An individual resident's acuity level is determined by their Resource Utilization Group or "RUG" score, which is calculated as a part of a resident's Minimum Data Set ("MDS").

361. A resident with a higher acuity level places a greater demand for care and services on a nursing home and its staff.

362. A skilled nursing facility uses acuity levels to bill Medicare/Medicaid for reimbursement for daily care and services.

363. Medicare/Medicaid reimburses nursing facilities at a higher rate for care and services based on the resident's acuity rate and number of therapy minutes provided.

364. Accordingly, the higher the facility's acuity levels, the more revenue the facility generates from Medicare and Medicaid.

365. This creates a financial incentive for nursing homes, such as Brighton Rehab, to admit and keep residents with greater mental, physical, and psychosocial needs.

⁴⁶ Celestin Declaration, *supra* note 40.

366. Each year, skilled nursing facilities like Brighton must submit a Medicare Cost Report to The Centers Medicare and Medicaid Services (“CMS”), in which the facility must account for each dollar received and spent. Part of this report is each resident’s daily RUG score.

367. Medicare/ Medicaid labels its highest and second-highest rates of reimbursement as “Ultra High” and “Very High” respectively.

368. The Cost Report submitted by Comprehensive Healthcare Management Services, LLC for Brighton Rehabilitation and Wellness Center for 2016 stated that 92.12% of all Brighton residents had been assigned RUG scores within these top two rates of reimbursement. Of all Brighton residents, 82.02% were assigned “Ultra High” RUG scores, providing Brighton with the highest rate of Medicare reimbursement for these residents. An additional 10.1% of Brighton residents were assessed to have “Very High” RUG scores, providing Brighton with the second-highest rate of Medicare reimbursement for these residents.⁴⁷

369. In 2017, Brighton’s Cost Report showed that 92.43% of all residents residing in the facility were assigned “Ultra High” or “Very High” RUG score. This year, Brighton’s “Ultra High” RUG scores increased to 84.44% of all residents, with 7.99% of residents assigned “Very High” RUG scores.⁴⁸

370. Brighton’s 2018 Cost Report showed that 91.19% of all residents residing in the facility were assigned “Ultra High” (78.3%) or “Very High” (12.89%) RUG scores.⁴⁹

371. Because Brighton reported acuity levels this high, CMS expects that more care and resources will be necessary to meet the needs of Brighton’s residents.

⁴⁷ See 2017 Cost Report, attached hereto as Exhibit 7.

⁴⁸ 2017 Cost Report, *supra* note 47.

⁴⁹ See 2018 Cost Report, attached hereto as Exhibit 8.

372. Therefore, CMS reimburses Brighton at a high rate so that Brighton can provide adequate care to its residents.

373. A resident's acuity level is also used for CMS to determine the number of hours it expects the nursing home will have to provide each day to meet each resident's needs.

374. CMS then pays the facility according to the hourly rate of reimbursement for the expected number of nursing hours required for each resident.

375. At the end of each quarter, the nursing home must provide CMS with an accounting of the hours it actually spent providing nursing care to residents.

376. To calculate nursing hours, facilities like Brighton calculate the hours spent providing care to residents by their Registered Nurses (RN), Licensed Practical Nurses ("LPN"), and Aides.

377. In 2016, Brighton failed to provide sufficient and expected licensed care to its residents and failed to supply expected aide care to its residents.

378. In 2016, Brighton provided an average of 1.49 nursing hours (LPN hours plus RN hours) to each resident each day,⁵⁰ though Brighton was paid by CMS to provide 2.07 nursing hours to each resident each day.⁵¹

379. In 2016, Brighton provided the majority of its nursing care using LPNs. And, while Brighton did provide sufficient LPN hours, Brighton failed to provide sufficient RN hours. In particular, Brighton was paid by CMS, based on Brighton's reported acuity, to provide 1.33 RN

⁵⁰ See Quarterly Report on CMS Expected Staffing, attached as Exhibit 9. See also RUGs, attached as Exhibit 10.

⁵¹ CMS Expected Staffing and RUGs, *supra* note 50.

hours to each resident each day.⁵² However, Brighton actually provided only 0.587 hours of RN care to each resident each day.⁵³

380. Similarly, Brighton failed to provide sufficient Certified Nurse Assistant (CNA) care to its residents. In 2016, Brighton provided an average (based on Brighton's quarterly reporting) of 2.09 hours of aide care to its residents each day, though Brighton was paid by CMS to provide 2.42 hours of aide care to its residents each day.

381. In 2017, Brighton again failed to provide sufficient and expected licensed care to its residents and failed to supply expected aide care to its residents.

382. In 2017, Brighton provided an average (based on Brighton's quarterly reporting) of 1.46 nursing hours (LPN plus RN) to each resident each day.

383. However, in 2017, Brighton was required to provide (based on its reported resident acuity) 2.20 nursing hours (LPN plus RN) to each resident each day.

384. In 2017, Brighton provided the majority of its nursing care using LPNs. And, while Brighton did provide sufficient LPN hours, Brighton failed to provide sufficient RN hours. In particular, Brighton was required to provide 1.43 RN hours to each resident each day.⁵⁴ However, Brighton actually only reported 0.554 hours of RN care to each resident each day.⁵⁵

385. Similarly, in 2017 Brighton failed to provide sufficient Certified Nurse Assistant (CNA) care to its residents.

386. In 2017, Brighton provided on average (based on Brighton's quarterly reporting) an average of 2.15 hours of aide care to its residents each day.⁵⁶

⁵² CMS Expected Staffing and RUGs, *supra* note 50.

⁵³ CMS Expected Staffing and RUGs, *supra* note 50.

⁵⁴ CMS Expected Staffing and RUGs, *supra* note 50.

⁵⁵ CMS Expected Staffing and RUGs, *supra* note 50.

⁵⁶ CMS Expected Staffing and RUGs, *supra* note 50.

387. However, in 2017, Brighton was required to provide (based on its reported resident acuity) 2.50 hours of aide care to its residents each day.⁵⁷

388. In 2017, Brighton provided an average of 2.76 nursing hours to each resident each day.⁵⁸

389. In calendar year 2017, Brighton's Quarterly reporting for CNA, LPN, and RN hours were identical across all 4 quarters of that year.⁵⁹

390. In the first quarter of 2018, Brighton failed to provide sufficient and expected licensed care to its residents and failed to supply expected aide care to its residents.⁶⁰

391. In the first quarter of 2018, Brighton provided an average of 1.52 nursing hours (LPN plus RN) to each resident each day.⁶¹

392. However, in the first quarter of 2018, Brighton was required to provide (based on its reported resident acuity) 2.27 nursing hours (LPN plus RN) to each resident each day.⁶²

393. In the first quarter of 2018, Brighton provided the majority of its nursing care using LPNs. And, while Brighton did provide sufficient LPN hours during that quarter, Brighton failed to provide sufficient RN hours. In particular, Brighton was required (based on its reported acuity) to provide 1.50 RN hours to each resident each day.⁶³ However, Brighton actually only reported 0.729 hours of RN care to each resident each day.⁶⁴

⁵⁷ CMS Expected Staffing and RUGs, *supra* note 50.

⁵⁸ CMS Expected Staffing and RUGs, *supra* note 50.

⁵⁹ CMS Expected Staffing and RUGs, *supra* note 50.

⁶⁰ CMS Expected Staffing and RUGs, *supra* note 50.

⁶¹ CMS Expected Staffing and RUGs, *supra* note 50.

⁶² CMS Expected Staffing and RUGs, *supra* note 50.

⁶³ CMS Expected Staffing and RUGs, *supra* note 50.

⁶⁴ CMS Expected Staffing and RUGs, *supra* note 50.

394. In sum, for 2016, 2017 and 2018, Brighton failed to provide the requisite total hours of average daily care for its residents:

- a. In 2016, Brighton provided average total care per day per resident of 3.59 hours when, based on its own self-reported acuity, it should have provided at least 4.50 hours of total care per day per resident.⁶⁵
- b. In 2017, Brighton provided average total care per day per resident of 3.61 hours when, based on its own self-reported acuity, it should have provided at least 4.71 hours of total care per day per resident.⁶⁶
- c. In the first quarter of 2018, Brighton average total care per day per resident of 4.16 hours when, based on its own self-reported acuity, it should have provided at least 4.73 hours of total care per day per resident.⁶⁷

395. While data from CMS is not presently available beyond the first quarter of 2018, upon information and belief, when that data does become available, it will show similar results, and it will show that Brighton continued to systemically understaff up to and including the COVID-19 pandemic and continuing through the present.

396. Frequently, staffing numbers at Brighton were low enough that one nurse would be left to care for up to 55 residents at a time.

397. When CMS pays facilities like Brighton at the highest acuity levels, CMS assumes that facilities will use that funding to meet residents' needs, primarily by hiring appropriate staff to provide care. Facilities primarily show that they have done this by meeting CMS's expected nursing hours.

⁶⁵ CMS Expected Staffing and RUGs, *supra* note 50.

⁶⁶ CMS Expected Staffing and RUGs, *supra* note 50.

⁶⁷ CMS Expected Staffing and RUGs, *supra* note 50.

398. But instead of using CMS's funding to hire additional nursing staff, Brighton continually staffed below the hours CMS paid it for and pocketed the additional CMS money as profit.

399. In 2016, Brighton saved \$5,647,800.00 as a result of staffing below the hours CMS paid for.⁶⁸

400. In 2017, Brighton saved \$16,981,605.00 as a result of staffing below the hours CMS paid for.⁶⁹

401. In 2018, Brighton saved \$8,775,360.00 as a result of staffing below the hours CMS paid for.⁷⁰

402. Despite receiving this funding from Medicare and Medicaid, Brighton and its administration failed to ensure, through its operational, budgetary, and managerial decisions, that Brighton was sufficiently staffed to meet the individual needs of all residents, including the needs of the Plaintiffs and Plaintiffs' Decedents.

403. With Brighton failing to provide the number of hours of nursing care that CMS expected and paid for, it must in order to provide adequate care to its residents, Brighton was quite literally "understaffed."

404. It is no surprise then that as the Department of Health observed, Brighton's nursing staff cut corners while struggling to care for hundreds of residents during the pandemic.

405. Ms. Celestin also confirms that Brighton operated while understaffed.⁷¹

⁶⁸ See Nursing Care Costs Sheet, attached as Exhibit 11.

⁶⁹ Nursing Care Costs Sheet, *supra* note 68.

⁷⁰ Nursing Care Costs Sheet, *supra* note 68.

⁷¹ Celestin Declaration, *supra* note 40.

406. According to her Declaration, Ms. Celestin was normally required to care for forty or more residents during the 3:00 p.m. to 11:00 p.m. shift; she was unable to properly do her job because of the low staffing levels.⁷²

407. For example, residents who required assistance with mobility (including turning and repositioning in their beds and chairs to prevent pressure wounds) were not timely provided it; Ms. Celestin could not assist residents to the bathroom in a timely manner; and could not timely respond to call lights.⁷³

408. Even though care was not properly provided to the residents, someone at Brighton would regularly and daily falsify and complete the “Activities of Daily Living” records indicating that care was in fact properly provided to each and every resident.⁷⁴

409. In this way, Brighton’s understaffing caused cross-contamination among residents and staff and allowed the facility to become a breeding ground for the Coronavirus spread until most residents had contracted the virus and more than 70 residents had died.

410. Per the PA DOH, as of October 14, 2020, Brighton had a census of 346 residents, a total of 334 resident cases, a total of 73 resident deaths and 117 staff cases.

COUNT I

CORPORATE NEGLIGENCE – SURVIVAL

Deceased Plaintiffs v. Comprehensive Healthcare Management Services, LLC d/b/a Brighton Rehabilitation & Wellness Center

411. Plaintiffs incorporate all preceding paragraphs as if set forth more fully herein.

⁷² Celestin Declaration, *supra* note 40.

⁷³ Celestin Declaration, *supra* note 40.

⁷⁴ Celestin Declaration, *supra* note 40.

412. Comprehensive Healthcare Management Services, LLC exercised complete control over all aspects of the operation and management of the Brighton Rehab facility prior to and during the COVID outbreak at Brighton, including, but not limited to: creating, setting, funding, and/or implementing budgets; creating and maintaining business relationships with related parties as defined by the Centers for Medicare and Medicaid Services (“CMS”) that resulted in an undercapitalized and understaffed nursing home; hiring and training caregiving staff; monitoring resident acuity levels and staffing sufficiently to meet each resident’s needs; admitting and discharging residents to and from the facility; and creating and enforcing written policies and procedures to provide for the safety and well-being of all residents.

413. Each of these managerial and operational functions had a direct impact on the quality of care provided to the Plaintiff’s Decedents and other residents in the Brighton facility.

414. Comprehensive Healthcare Management Services, LLC had a duty to act prudently, and had a duty to provide reasonable and ordinary care and care services to the Plaintiff’s Decedents.

415. Comprehensive Healthcare Management Services, LLC had a duty to provide caregiving staff with sufficient personal protective equipment, sanitation and hygiene products, and medical tools to prevent cross-contamination and the spread of infection to residents and other staff.

416. Comprehensive Healthcare Management Services, LLC had a duty to ensure that all persons providing care within the Brighton facility were competent to provide that care.

417. Comprehensive Healthcare Management Services, LLC had a duty to oversee all persons who practice medicine in the Brighton facility.

418. Comprehensive Healthcare Management Services, LLC had a duty to formulate, adopt, and enforce adequate rules and policies to ensure quality care for residents of the Brighton facility, such as the Plaintiff's Decedents.

419. Comprehensive Healthcare Management Services, LLC had a duty to ensure that the Brighton facility was sufficiently staffed to meet the needs of its residents.

420. Comprehensive Healthcare Management Services, LLC negligently, recklessly, willfully and wantonly breached its duties owed to the Plaintiff's Decedents in the following ways:

- a. By failing to establish and maintain an infection prevention and control program ("IPCP") that provided a safe, sanitary and comfortable environment which prevented the development and transmission of communicable diseases and infections, namely the transmission of COVID-19; as pled herein,
- b. By failing to establish adequate written standards, policies, and procedures to identify possible communicable diseases in the Brighton facility before the infection could spread to other persons in the facility, as pled herein;
- c. By failing to follow written standards, policies, and procedures to identify possible communicable diseases in the Brighton facility which were in place before the infection could spread to other persons in the facility, as pled herein;
- d. By failing to establish adequate written standards, policies, and procedures that enumerate when possible incidents of communicable disease or infections should be reported, and who they should be reported to, as pled herein;
- e. By failing to follow written standards, policies, and procedures that were in place that enumerate when possible incidents of communicable disease or infections should be reported, and who they should be reported to, as pled herein;
- f. By failing to establish adequate written standards, policies, and procedures for precautions and safeguards to prevent the spread of infection within the Brighton facility, as pled herein;

- g. By failing to follow written standards, policies, and procedures that were in place for precautions and safeguards to prevent the spread of infection within the Brighton facility, as pled herein;
- h. By failing to establish adequate written standards, policies, and procedures for when and how a resident with a communicable infection should be isolated from residents and other staff, as pled herein;
- i. By failing to follow standards, policies, and procedures that were in place for when and how a resident with a communicable infection should be isolated from residents and other staff, as pled herein;
- j. By failing to establish adequate written standards, policies, and procedures for when and how a staff member with exposure to a communicable infection should be prevented from exposing residents and other staff, as pled herein;
- k. By failing to follow written standards, policies, and procedures that were in place for when and how a staff member with exposure to a communicable infection should be prevented from exposing residents and other staff, as pled herein;
- l. By failing to provide adequate training and education to caregiving staff on infection prevention and control, as pled herein;
- m. By failing to ensure all caregiving staff members attended appropriate trainings and were properly trained on infection prevention and control, and by failing to ensure all staff were properly re-educated as required; as pled herein,
- n. By failing to ensure that Defendant Dr. David Timons was properly overseeing the facility in providing care to residents;
- o. By failing to ensure that Defendant Dr. David Timons was properly safeguarding that the quality of care provided met all applicable standards;
- p. By failing to ensure that Dr. David Timons, was properly auditing infection control procedures in the Brighton facility, as required;

- q. By failing to accurately and/or truthfully communicate information to residents and their families about the spread of COVID-19 within the Brighton facility, so as to allow them to make informed decisions for the wellbeing of their loved ones in the Brighton facility, as pled herein;
- r. By failing to accurately and/or truthfully communicate with other medical providers and the Pennsylvania Department of Health about the spread of COVID-19 within the Brighton facility, as pled herein;
- s. By failing to request assistance from the proper authorities when it became apparent that COVID-19 was quickly spreading throughout the Brighton facility, as pled herein;
- t. By failing to test Brighton's residents and staff for COVID-19 so as to properly separate and isolate COVID-positive individuals from those who had not been exposed to the virus, as pled herein;
- u. By allowing COVID infected staff to care for residents, as pled herein;
- v. By failing to provide clean linens, as pled herein;
- w. By failing to communicate with residents' family members and physicians, as pled herein;
- x. By stopping testing and presuming that all residents and all staff were COVID-positive instead of taking proper precautions to identify and isolate those residents and staff who had not yet contracted the virus, as pled herein;
- y. By failing to ensure that proper social distancing was maintained by Brighton's residents and staff, as pled herein;
- z. By failing to provide adequate supplies for residents and staff to wash their hands to prevent the spread of infection, as pled herein;
- aa. By failing to ensure that sinks were accessible for residents and staff to wash their hands, as pled herein;
- bb. By failing to ensure that all employees washed their hands regularly, as pled herein;

- cc. By failing to properly store biohazardous waste, as pled herein;
- dd. By failing to ensure that all employees wore gloves and changed their gloves when appropriate, as pled herein;
- ee. By failing to ensure that all employees had access to sufficient Personal Protective Equipment (PPE), as pled herein;
- ff. By failing to ensure that all staff was trained in the proper use of PPE, as pled herein;
- gg. By failing to ensure that all staff used PPE properly, as pled herein;
- hh. By failing to ensure all employees were trained on, and followed, guidelines for sanitizing medical equipment between uses with different residents, as pled herein;
- ii. By failing to create a clean and sanitary environment, the lack of which created the potential for cross-contamination and the spread of diseases and infections, as pled herein;
- jj. By failing to recognize and appreciate the extreme risk that COVID-19 posed to Brighton's residents, who—due to age, pre-existing conditions, and living arrangements—were already some of the most vulnerable individuals in our communities, as pled herein;
- kk. By failing to create and implement a plan to house COVID-positive residents in an isolated unit of the Brighton facility to avoid exposing residents who were not COVID-positive, as pled herein;
- ll. By intentionally understaffing the Brighton facility in order to keep the surplus Medicare and Medicaid funding as revenue, which resulted in Brighton's nursing staff being unable to meet the needs of the facility's residents, as pled herein.

421. At all relevant times, Comprehensive Healthcare Management Services, LLC had a duty to not violate the legal rights of any resident, and had a duty to comply with all provisions

of Title 28, Pa. Administrative Code, Chapters 201 (General Operation of Long-Term Care Nursing Facilities) and 211 (Program Standards for Long-Term Care Nursing Facilities) and 42 C.F.R. §483 et seq. (Centers for Medicare & Medicaid Services, Department of Health and Human Services Requirements for Long Term Care Facilities).

422. These regulations comprise part of the standard of care that facilities like Brighton must provide to its residents.

423. These regulations are designed and intended to protect the interests of skilled nursing and long-term care residents such as the Plaintiffs' Decedents.

424. These regulations are designed and intended to protect the interests of skilled nursing and long-term care residents against the hazards the Plaintiffs' Decedents encountered at Brighton and the type of harm and death they suffered – specifically, contracting viral infections from other residents and/or staff.

425. Comprehensive Healthcare Management Services, LLC negligently, recklessly, willfully and wantonly violated these regulations in the following ways:

- a. By the failure of an effective governing body to adopt and enforce rules for the health care and safety of the residents, as required by 28 Pa. Code § 201.18, as pled herein;
- b. By failing to conduct ongoing coordinated educational programs for the development and improvement of skills of the facility's personnel, including training related to problems, needs, and rights of the residents, as required by 28 Pa. Code § 201.20(a), as pled herein;
- c. By failing to conduct in-service training at least annually which includes infection prevention and control, as required by 28 Pa. Code §201.20(c), as pled herein;
- d. By admitting or re-admitting residents to the Brighton facility with disease in the communicable stage when the facility did not have the capability to care for the needs of

the residents, as prohibited by 28 Pa. Code §201.24(d), as pled herein;

- e. By failing to adequately train staff in proper implementation of policies and procedures, as required by 28 Pa. Code § 201.29(d), as pled herein;
- f. By failing to treat Plaintiffs with consideration, respect, and full recognition of dignity and individuality, as required by 28 Pa. Code § 201.29(j), as pled herein;
- g. By failing to report to the appropriate health agencies and appropriate Division of Nursing Care Facilities filed office when a resident developed a reportable disease, as required by 28 Pa. Code § 211.1(a), as pled herein;
- h. By failing to design and implement resident care policies to ensure the Plaintiffs' Decedents' total medical needs were met and that they were protected from infection, as required by 28 Pa. Code § 211.10(d), as pled herein;
- i. By failing to update the facility's resident care policies as necessary to meet the total medical and psychosocial needs of Brighton's residents, as required by 28 Pa. Code §211.10, as pled herein;
- j. By failing to provide services by a sufficient number of nursing personnel on a 24-hour basis to provide nursing care to meet the needs of all residents, as required by 28 Pa. Code § 211.12, as pled herein;
- k. By failing to protect and promote Plaintiffs' Decedents' resident rights, as required by 42 C.F.R. § 483.10, as pled herein;
- l. By failing to treat each resident in a manner and in an environment that promoted maintenance or enhancement of his or her quality of life, as required by 42 C.F.R. § 483.10(a)(1), as pled herein;
- m. By failing to treat each resident with respect and dignity, as required by 42 C.F.R. § 483.10(e), as pled herein;

- n. By failing to immediately notify residents' representatives when there were significant changes in residents' physical statuses, as required by 42 C.F.R. § 483.10(g)(14), as pled herein;
- o. By failing to provide residents with a safe, clean, comfortable, and homelike environment, as required by 42 C.F.R. § 483.10(i), as pled herein;
- p. By failing to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior, as require by 42 C.F.R. § 483.10(i)(2), as pled herein;
- q. By discouraging residents from communicating with federal, state, or local officials, as prohibited by 42 C.F.R. § 483.10(k), as pled herein;
- r. By failing to conduct a comprehensive assessment for the Plaintiffs' Decedents after significant changes in their condition, as required by 42 C.F.R. § 483.20, as pled herein;
- s. By failing to ensure all residents, including the Plaintiffs' Decedents, received the necessary care and services to attain or maintain the highest practicable qualify of life, including physical, mental, and psychosocial well-being, as required by 42 C.F.R. § 483.24, as pled herein;
- t. By failing to ensure all residents, including Plaintiffs' Decedents, received treatment and care in accordance with professional standards of practice, as required by 42 C.F.R. § 483.25, as pled herein;
- u. By failing to have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population, as required by 42 C.F.R. § 483.35, as pled herein;
- v. By failing to provide nursing services by sufficient registered nurses on a 24-hour basis to the Plaintiffs'

- Decedents in accordance with their care plans, as required by 42 C.F.R. § 483.35(b), as pled herein;
- w. By failing to obtain diagnostic services to meet the needs of its residents, as required by 42 C.F.R. § 483.50(b), as pled herein;
 - x. By failing to administer the Brighton facility in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as required by 42 C.F.R. § 483.70, as pled herein;
 - y. By failing to operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles, as required by 42 C.F.R. § 483.70, as pled herein;
 - z. By failing to conduct and document a facility-wide assessment to determine what resources were necessary to care for the facility's residents competently during both day-to-day operations and emergencies; to review and update this assessment whenever there was any change that would require a substantial modification to any part of this assessment; and for this assessment to include the care required by the resident population considering the types of diseases and overall acuity present within that population, as required by 42 C.F.R. § 483.70(e), as pled herein;
 - aa. By failing to establish and maintain an emergency preparedness plan that meets the requirements of 42 C.F.R. § 483.73, as pled herein;
 - bb. By failing to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infection, as required 42 C.F.R. § 483.80, as pled herein;
 - cc. By failing to establish a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, and visitors, as required by 42 C.F.R. § 483.80(a)(1), as pled herein;

- dd. By failing to establish a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility, as required by 42 C.F.R. § 483.80(a)(2)(i), as pled herein;
- ee. By failing to establish a system which specified standard and transmission-based precautions to be followed to prevent spread of infections, as required by 42 C.F.R. § 483.80(a)(2)(iii), as pled herein;
- ff. By failing to establish a system which specified when and how isolation should be used for a resident, including the type and duration of the isolation, as required by 42 C.F.R. § 483.80(a)(2)(iv), as pled herein; and,
- gg. By failing to establish a system which specified the circumstances under which the facility must prohibit employees with a communicable disease from direct contact with residents, if direct contact will transmit the disease, as required by 42 C.F.R. § 483.80(a)(2)(v), as pled herein;
- hh. By failing to inform residents and their families of COVID-19 occurrences in the facility, as required by 42 C.F.R. § 483.80(g)(3) as pled herein;
- ii. By failing to provide a safe, functional, sanitary, and comfortable environment to residents, staff, and the public, as required by 42 C.F.R. § 483.90, as pled herein;
- jj. By failing to develop, implement, and maintain an effective training program for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers, as required by 42 C.F.R. § 483.95, as pled herein; and,
- kk. By failing to include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program, as required by 42 C.F.R. § 483.95(e), as pled herein.

426. As a direct and proximate result of the negligent acts and omissions of Comprehensive Healthcare Management Services, LLC, as set forth above, Brighton's caregiving staff was less able to contain and control the spread of COVID within Brighton's walls.

427. As a direct and proximate result of the negligent acts and omissions of Comprehensive Healthcare Management Services, LLC, as set forth above, the Plaintiffs' Decedents were exposed to and contracted COVID-19 and died.

428. As a direct and proximate result of the negligent acts and omissions of Comprehensive Healthcare Management Services, LLC, as set forth above, the Plaintiffs' Decedents suffered the following damages:

- a. The Plaintiffs' Decedents experienced pain, suffering, infirmity, deterioration, debilitation, loss of enjoyment of life, anxiety, and isolation/confinement from contracting and being treated for COVID-19; and,
- b. The Plaintiffs' Decedents incurred hospital, medical, and nursing expenses to be treated for the COVID-19 virus and its sequelae and effects.

429. Furthermore, because the negligence of Comprehensive Healthcare Management Services, LLC went beyond ordinary negligence into gross negligence, recklessness, and willful and wanton conduct, Plaintiffs are entitled to recover punitive damages.

WHEREFORE, Plaintiffs Jamie Worthy-Smith, Individually and as Administratrix of the Estate of Kim L. McCoy-Warford; Mark J. Lanton, Individually and as Administrator of the Estate of Gloria Lanton; Jacqueline Young, Individually and as Administratrix of the Estate of Marion Young; Brandy Hedger Individually and as Administratrix of the Estate of Rebecca Joy VanKirk; Keri Boyer Individually and as Administratrix of the Estate of Earl Denbow, Jr.; Denise Eldridge Individually and as Administratrix of the Estate of Virginia Eldridge; Tracy Mineo and Susan Fragomeni, Individually and as Co-Administratrixes of the Estate of Nancy Kemerer; Patricia Mazzocca and Barbara Macurak, Individually and as Co-Executrixes of the Estate of Ala Mazzocca; Christina Clavelli, Individually and as Administratrix of the Estate of Joseph "Randy" Clavelli; and Bobbie Johnson, Individually and as Administratrix of the Estate of Shirley M. Mike,

claim damages of Comprehensive Healthcare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center, and demand compensatory and punitive damages from Comprehensive Healthcare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center in an amount in excess of the jurisdictional arbitration limits, together with interest, and any other relief this Honorable Court deems appropriate.

COUNT II

VICARIOUS NEGLIGENCE – SURVIVAL

Deceased Plaintiffs v. Comprehensive Healthcare Management Services, LLC d/b/a Brighton Rehabilitation & Wellness Center

430. Plaintiffs incorporate all preceding paragraphs as if set forth more fully herein.

431. Brighton Rehab employs individuals who work solely in a managerial and supervisory capacity, and who generally do not provide hands-on care to residents. These managerial and supervisory employees include (but are not limited to) positions such as the Administrator, Assistant Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Infection Preventionist and Environmental Services Director.

432. At all relevant times, Brighton Rehab acted by and through these managerial and supervisory agents, servants, and/or employees, who were then and there acting within the course and scope of their employment. Accordingly, Brighton Rehab is vicariously liable for any negligence of these managerial and supervisory agents, servants, and/or employees.

433. This cause of action is limited to Brighton's vicarious liability for the negligence of only these managerial/supervisory employees who generally did not provide hands-on care to residents—including but not limited to the Administrator, Assistant Administrator, Director of Nursing, Assistant Director of Nursing, Infection Preventionist, and Environmental Services

Director. Plaintiffs do not seek to hold Brighton vicariously liable for the actions or inactions of Brighton's front-line caregiving nursing staff, whose members did the best they could to provide care in the dangerous environment created by Brighton and Brighton's management.

434. Brighton's managerial and supervisory employees had the responsibility and authority to make decisions for the facility in areas such as: creating, setting, funding, and/or implementing budgets; creating and maintaining business relationships with related parties as defined by the Centers for Medicare and Medicaid Services ("CMS") that resulted in an undercapitalized and understaffed nursing home; hiring and training staff; monitoring resident acuity levels and staffing sufficiency to meet each resident's needs; admitting and discharging residents to and from the facility; and creating and enforcing Brighton's policies and procedures.

435. Brighton's managerial and supervisory employees— such as the Administrator, Assistant Administrator, Director of Nursing, Assistant Director of Nursing, Infection Preventionist, and Environmental Services Director— had a duty to make these decisions and carry out these functions with reasonable and ordinary care.

436. These types of managerial decisions had a direct impact on the quality of care Brighton provided to its residents.

437. Brighton's managerial and supervisory staff had a duty to ensure that all persons providing resident care within Brighton were competent and adequately trained to provide reasonable care to Brighton's residents.

438. Brighton's managerial and supervisory staff had a duty to formulate, adopt, and enforce rules and policies to ensure reasonable care for Brighton's residents.

439. Brighton's managerial and supervisory staff had a duty to supervise the nursing and caregiving staff to ensure that Brighton's policies and procedures, and basic infection protocol, were being followed.

440. Brighton's managerial and supervisory staff negligently, recklessly, carelessly, willfully, and wantonly breached their duties owed to the Deceased Plaintiffs in the following particulars:

- a. By failing to establish and maintain an infection prevention and control program ("IPCP") that provided a safe, sanitary and comfortable environment which prevented the development and transmission of communicable diseases and infections, namely the transmission of COVID-19, as pled herein;
- b. By failing to follow an infection prevention and control program ("IPCP") that provided a safe, sanitary and comfortable environment which prevented the development and transmission of communicable diseases and infections, namely the transmission of COVID-19, as pled herein;
- c. By failing to establish written standards, policies, and procedures for the above-mentioned IPCP, which should have specified a system of surveillance designed to identify possible communicable diseases before they can spread to other persons in the facility, to whom and when possible incidents of communicable disease or infections should be reported, precautions to be followed to prevent the spread of infections, when and how isolation should be used for a resident, and circumstances under which the facility must prohibit and prevent employees with communicable disease or infections from having direct contact with residents, as pled herein;
- d. By failing to follow standards, policies, and procedures for the above-mentioned IPCP, which should have specified a system of surveillance designed to identify possible communicable diseases before they can spread to other persons in the facility, to whom and when possible incidents of communicable disease or infections should be reported, precautions to be followed to prevent the spread of infections, when and how isolation should be used for a

resident, and circumstances under which the facility must prohibit and prevent employees with communicable disease or infections from having direct contact with residents, as pled herein;

- e. By failing to provide adequate training and education to caregiving staff on infection prevention and control, as pled herein;
- f. By failing to ensure all caregiving staff members attended proper training sessions and were properly trained on infection prevention and control, and by failing to ensure all staff were properly re-educated as required; as pled herein;
- g. By failing to truthfully communicate information to residents and their families about the spread of COVID-19 within the Brighton facility, so as to allow them to make informed decisions for the wellbeing of themselves and their loved ones in the Brighton facility, as pled herein;
- h. By failing to make certain social distancing was maintained by staff, as pled herein;
- i. By failing to properly store clean linens and soiled laundry, as pled herein;
- j. By failing to ensure all employees properly wore gloves and performed hand hygiene, as pled herein;
- k. By failing to ensure all employees properly used PPE and were trained on proper use of PPE, as pled herein;
- l. By failing to ensure all employees knew of and properly followed guidelines for sanitizing medical equipment in between uses on different residents, as pled herein;
- m. By choosing to keep Medicare and Medicaid funding as profit instead of staffing to meet CMS's expected nursing hours, as pled herein; and,
- n. By intentionally understaffing the facility, as pled herein.

441. At all relevant times, Brighton's managerial and supervisory personnel had a duty to not violate the legal rights of any resident and to comply with all provisions of Title 28, Pa.

Administrative Code, Chapters 201 (General Operation of Long-Term Care Nursing Facilities) and 211 (Program Standards for Long-Term Care Nursing Facilities) and 42 C.F.R. §483 et seq. (Centers for Medicare & Medicaid Services, Department of Health and Human Services Requirements for Long Term Care Facilities).

442. These state and federal regulations comprise part of the standard of care that facilities like Brighton must provide to its residents.

443. These state and federal regulations are designed and intended to protect the interests of skilled nursing and long-term care residents such as the Plaintiffs' Decedents.

444. These state and federal regulations are designed and intended to protect the interests of skilled nursing and long-term care residents against the hazards the Plaintiffs' Decedents encountered at Brighton and the type of harm they suffered – specifically, contracting viral infections from other residents and/or staff.

445. Brighton's managerial and supervisory personnel negligently, recklessly, willfully, and wantonly violated these state and federal regulations in the following ways:

- a. By the failure of Brighton's administrator to enforce regulations relative to the level of health care and safety of residents, as required by 28 Pa. Code § 201.18(e)(1), as pled herein;
- b. By the failure of Brighton's administrator to develop and enforce adherence to policies and procedures to protect residents' rights, as required by 28 Pa. Code § 201.29(a), as pled herein;
- c. By failing to adequately train staff in proper implementation of policies and procedures, as required by 28 Pa. Code § 201.29(d), as pled herein;
- d. By failing to treat Plaintiffs' Decedents with consideration, respect, and full recognition of dignity and individuality, as required by 28 Pa. Code § 201.29(j), as pled herein;

- e. By failing to report to the appropriate health agencies and appropriate Division of Nursing Care Facilities filed office when a resident developed a reportable disease, as required by 28 Pa. Code § 211.1(a), as pled herein;
- f. By failing to design and implement resident care policies to ensure the Plaintiffs' Decedents total medical needs were met and that they were protected from infection, as required by 28 Pa. Code § 211.10(d), as pled herein;
- g. By failing to update the facility's resident care policies as necessary to meet the total medical and psychosocial needs of Brighton's residents, as required by 28 Pa. Code §211.10, as pled herein;
- h. By the director of nursing's failure to maintain standards of accepted nursing practice, as required by 28 Pa. Code §211.12(d)(1), as pled herein;
- i. By the director of nursing's failure to ensure the adequacy of the facility's nursing policy and procedure manuals, as required by 28 Pa. Code §211.12(d)(2), as pled herein;
- j. By the director of nursing's failure to ensure the adequacy of methods for coordination of nursing services with other resident services, as required by 28 Pa. Code §211.12(d)(3), as pled herein;
- k. By the director of nursing's failure to make proper recommendations for the number and levels of nursing personnel to be employed, as required by 28 Pa. Code §211.12(d)(4), as pled herein;
- l. By the director of nursing's failure to provide adequate general supervision, guidance, and assistance in implementing residents' personal health programs to assure that preventative measures, treatments, and other health services were properly carried out, as required by 28 Pa. Code §211.12(d)(5), as pled herein;
- m. By failing to protect and promote Plaintiffs' Decedents rights as residents, as required by 42 C.F.R. § 483.10, as pled herein;

- n. By failing to ensure that every resident, including Plaintiffs' Decedents and their representatives, could exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility, as required by 42 C.F.R. § 483.10(b)(1), as pled herein;
- o. By failing to treat each resident with respect and dignity and care in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, as required by 42 C.F.R. § 483.10(a)(1), as pled herein;
- p. By failing to ensure all residents, including the Plaintiffs' Decedents, received the necessary care and services to attain or maintain the highest practicable quality of life, including physical, mental, and psychosocial well-being, as required by 42 C.F.R. § 483.24, as pled herein;
- q. By failing to ensure all residents, including the Plaintiffs' Decedents, received treatment and care in accordance with professional standards of practice, as required by 42 C.F.R. § 483.25, as pled herein;
- r. By failing to establish and maintain an emergency preparedness plan that meets the minimum requirements, as set forth by 42 C.F.R. § 483.73, as pled herein;
- s. By failing to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infection, as required 42 C.F.R. § 483.80, as pled herein;
- t. By failing to establish a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, as required by 42 C.F.R. § 483.80(a)(1), as pled herein;
- u. By failing to establish a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility, as required by 42 C.F.R. § 483.80(a)(2)(i), as pled herein;
- v. By failing to establish a system which specified standard and transmission-based precautions to be followed to prevent

spread of infections, as required by 42 C.F.R. § 483.80(a)(2)(iii), as pled herein;

- w. By failing to establish a system which specified when and how isolation should be used for a resident, including the type and duration of the isolation, as required by 42 C.F.R. § 483.80(a)(2)(iv), as pled herein; and,
- x. By failing to establish a system which specified the circumstances under which the facility must prohibit employees with a communicable disease from direct contact with residents, if direct contact will transmit the disease, as required by 42 C.F.R. § 483.80(a)(2)(v), as pled herein; and,
- y. By the failure of any designated Infection Preventionist(s) to administer the facility's IPCP in accordance with the requirements of 42 C.F.R. § 483.80, as pled herein.

446. As a direct and proximate result of the negligent acts and omissions of Brighton's managerial and supervisory personnel, as set forth above, Brighton's caregiving staff was less able to contain and control the spread of COVID-19 within Brighton's walls.

447. As a direct and proximate result of the negligent acts and omissions of Brighton's managerial and supervisory personnel, as set forth above, the Plaintiffs' Decedents were exposed to and contracted COVID-19.

448. As a direct and proximate result of the negligent acts and omissions of Brighton's managerial and supervisory personnel, as set forth above, the Plaintiffs' Decedents suffered the following damages:

- a. Plaintiffs' Decedents experienced pain, suffering, infirmity, deterioration, debilitation, loss of enjoyment of life, anxiety, and isolation/confinement from contracting and being treated for COVID-19; and,
- b. Plaintiffs' Decedents incurred hospital, medical, and nursing expenses to be treated for the COVID-19 virus and its sequelae and effects.

449. Furthermore, because the negligence of Brighton's managerial and supervisory staff went beyond ordinary negligence into gross negligence, recklessness, and willful and wanton conduct, Plaintiffs are entitled to recover punitive damages.

450. Defendant Comprehensive Healthcare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center is vicariously liable for the negligent acts and omissions of its managerial and supervisory staff, as set forth above, and therefore for the damages claimed herein.

WHEREFORE, Plaintiffs Jamie Worthy-Smith, Individually and as Administratrix of the Estate of Kim L. McCoy-Warford; Mark J. Lanton, Individually and as Administrator of the Estate of Gloria Lanton; Jacqueline Young, Individually and as Administratrix of the Estate of Marion Young; Brandy Hedger Individually and as Administratrix of the Estate of Rebecca Joy VanKirk; Keri Boyer Individually and as Administratrix of the Estate of Earl Denbow, Jr.; Denise Eldridge Individually and as Administratrix of the Estate of Virginia Eldridge; Tracy Mineo and Susan Fragomeni, Individually and as Co-Administratrixes of the Estate of Nancy Kemerer; Patricia Mazzocca and Barbara Macurak, Individually and as Co-Executrixes of the Estate of Ala Mazzocca; Christina Clavelli, Individually and as Administratrix of the Estate of Joseph "Randy" Clavelli; and Bobbie Johnson, Individually and as Administratrix of the Estate of Shirley M. Mike, claim damages of Comprehensive Healthcare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center, and demand compensatory and punitive damages from Comprehensive Healthcare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center in an amount in excess of the jurisdictional arbitration limits, together with interest, and any other relief this Honorable Court deems appropriate.

COUNT III

DR. THIMONS' NEGLIGENCE – SURVIVAL

Deceased Plaintiffs v. Dr. David G Thimons, D.O.

451. Plaintiffs incorporate all preceding paragraphs as if set forth more fully herein.

452. At all relevant times, David G Thimons, D.O. acted within the course and scope of his employment or agency as the Medical Director of Brighton Rehabilitation and Wellness Center.

453. Defendant Dr. Thimons had a duty to act prudently and to provide reasonable and ordinary care and care services to Plaintiffs' Decedents and all other Brighton Residents.

454. Defendant Dr. Thimons had a duty to coordinate all medical care provided in the facility and to ensure the adequacy and appropriateness of the medical services provided to the residents.

455. Defendant Dr. Thimons had a duty to formulate, implement, and enforce adequate rules and policies to ensure quality care for Brighton's residents.

456. Defendant Dr. Thimons negligently, recklessly, willfully, and wantonly breached his duties owed to Plaintiffs in the following ways:

- a. By failing to provide adequate training and education to caregiving staff on infection prevention and control, as pled herein;
- b. By failing to ensure all caregiving staff members attended appropriate trainings and were properly trained on infection prevention and control, and by failing to ensure all staff were properly re-educated as required, as pled herein;
- c. By failing to truthfully communicate information to residents and their families about the spread of COVID-19 within the Brighton facility, so as to allow them to make informed decisions for the wellbeing of their loved ones in the Brighton facility, as pled herein;

- d. By failing to make certain social distancing was maintained by staff, as pled herein;
- e. By failing to properly store clean linens and soiled laundry, as pled herein;
- f. By failing to ensure all employees properly wear gloves and perform hand hygiene, as pled herein;
- g. By failing to ensure all employees properly used PPE and were trained on proper use of PPE, as pled herein; and,
- h. By failing to ensure all employees knew of and properly followed guidelines for sanitizing medical equipment in between uses on different residents, as pled herein.

457. At all relevant times, Dr. Thimons, as the Medical Director of the Brighton facility had a duty to not violate the legal rights of any resident and to comply with all provisions of Title 28, Pa. Administrative Code, Chapters 201 (General Operation of Long-Term Care Nursing Facilities) and 211 (Program Standards for Long-Term Care Nursing Facilities) and 42 C.F.R. §483 et seq. (Centers for Medicare & Medicaid Services, Department of Health and Human Services Requirements for Long Term Care Facilities).

458. These state and federal regulations comprise part of the standard of care that facilities like Brighton must provide to its residents.

459. These state and federal regulations are designed and intended to protect the interests of skilled nursing and long-term care residents such as the Plaintiffs' Decedents.

460. These state and federal regulations are designed and intended to protect the interests of skilled nursing and long-term care residents against the hazards the Plaintiffs' Decedents encountered at Brighton and the type of harm and death they suffered – specifically, contracting viral infections from other residents and/or staff.

461. Defendant Dr. Thimons negligently, recklessly, willfully, and wantonly violated these state and federal regulations in the following ways:

- a. By failing to ensure the adequacy and appropriateness of the medical services provided to Brighton's residents, as required by 28 Pa. Code § 211.2(c), as pled herein;
- b. By failing to review incidents occurring in the Brighton facility and address the health and safety hazards of the facility, as required by 28 Pa. Code § 211.2(d)(1), as pled herein;
- c. By failing to provide appropriate information to Brighton's Administrator to help ensure a safe and sanitary environment for residents and personnel, as required by 28 Pa. Code § 211.2(d)(1), as pled herein;
- d. By failing to properly implement resident care policies, as required by 42 C.F.R. 483.70(h), as pled herein; and,
- e. By failing to coordinate medical care in the Brighton facility, as required by 42 C.F.R. § 483.70(h), as pled herein.

462. As a direct and proximate result of the negligent, reckless, willful and wanton actions and inactions of Dr. Thimons, as set forth above, the Plaintiffs' Decedents suffered the following damages:

- a. Plaintiffs' Decedents experienced pain, suffering, infirmity, deterioration, debilitation, loss of enjoyment of life, anxiety, and isolation/confinement from contracting and being treated for COVID-19; and,
- b. They incurred hospital, medical, and nursing expenses to be treated for the COVID-19 virus and its sequelae and effects.

463. Furthermore, because the negligence of Dr. Thimons went beyond ordinary negligence into gross negligence, recklessness, and willful and wanton conduct, Plaintiffs are entitled to recover punitive damages.

464. Defendant Comprehensive Healthcare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center is vicariously liable for the acts and omissions of Dr. Thimons,

as set forth in this Count, and are therefore jointly and severally liable for the damages claimed herein.

WHEREFORE, Plaintiffs Jamie Worthy-Smith, Individually and as Administratrix of the Estate of Kim L. McCoy-Warford; Mark J. Lanton, Individually and as Administrator of the Estate of Gloria Lanton; Jacqueline Young, Individually and as Administratrix of the Estate of Marion Young; Brandy Hedger Individually and as Administratrix of the Estate of Rebecca Joy VanKirk; Keri Boyer Individually and as Administratrix of the Estate of Earl Denbow, Jr.; Denise Eldridge Individually and as Administratrix of the Estate of Virginia Eldridge; Tracy Mineo and Susan Fragomeni, Individually and as Co-Administratrixes of the Estate of Nancy Kemerer; Patricia Mazzocca and Barbara Macurak, Individually and as Co-Executrixes of the Estate of Ala Mazzocca; Christina Clavelli, Individually and as Administratrix of the Estate of Joseph "Randy" Clavelli; and Bobbie Johnson, Individually and as Administratrix of the Estate of Shirley M. Mike, claim damages of Comprehensive Healthcare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center, and demand compensatory and punitive damages from David G. Thimons, D.O. in an amount in excess of the jurisdictional arbitration limits, together with interest, and any other relief this Honorable Court deems appropriate.

COUNT IV

WRONGFUL DEATH

Deceased Plaintiffs v. Comprehensive Healthcare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center and David G. Thimons, D.O.

465. Plaintiffs incorporate all preceding paragraphs as if set forth more fully herein.

466. As a direct and proximate result of the negligent, reckless, willful and wanton conduct of Comprehensive Healthcare Management Services, LLC; its managerial and

supervisory staff; and David G. Thimons, D.O., as set forth more fully in Counts I-III, Plaintiffs Kim L. McCoy-Warford; Gloria Lanton; Marion Young; Rebecca Joy VanKirk; Earl Denbow, Jr.; Virginia Eldridge; Nancy Kemerer; Ala Mazzocca; Joseph "Randy" Clavelli and Shirley M. Mike died due to complications caused by the COVID-19 virus.

467. As a direct and proximate result of the negligent, reckless, willful and wanton conduct of Comprehensive Healthcare Management Services, LLC; its managerial and supervisory staff; and David G. Thimons, D.O., as set forth more fully in Counts I-III, Plaintiffs' Decedents' Wrongful Death Beneficiaries have suffered the following injuries and damages:

- a. They have incurred expenses for the funeral and burial/internment/cremation of the decedents;
- b. They have incurred expenses for the hospital, medical, and nursing treatment of the decedents; and,
- c. They have lost and forever been denied the companionship, comfort, assistance, protection, guidance, counseling, society, support, and services of their loved ones Kim L. McCoy-Warford; Gloria Lanton; Marion Young; Rebecca Joy VanKirk; Earl Denbow, Jr.; Virginia Eldridge; Nancy Kemerer; Ala Mazzocca; Joseph "Randy" Clavelli and Shirley M. Mike.

WHEREFORE, Plaintiffs Jamie Worthy-Smith, Individually and as Administratrix of the Estate of Kim L. McCoy-Warford; Mark J. Lanton, Individually and as Administrator of the Estate of Gloria Lanton; Jacqueline Young, Individually and as Administratrix of the Estate of Marion Young; Brandy Hedger Individually and as Administratrix of the Estate of Rebecca Joy VanKirk; Keri Boyer Individually and as Administratrix of the Estate of Earl Denbow, Jr.; Denise Eldridge Individually and as Administratrix of the Estate of Virginia Eldridge; Tracy Mineo and Susan Fragomeni, Individually and as Co-Administratrixes of the Estate of Nancy Kemerer; Patricia Mazzocca and Barbara Macurak, Individually and as Co-Executrixes of the Estate of Ala

Mazzocca; Christina Clavelli, Individually and as Administratrix of the Estate of Joseph “Randy” Clavelli; and Bobbie Johnson, Individually and as Administratrix of the Estate of Shirley M. Mike, claim damages of Comprehensive Healthcare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center, and demand compensatory and punitive damages from Defendants in an amount in excess of the jurisdictional arbitration limits, together with interest, costs of suit, and any other relief this Honorable Court deems appropriate.

COUNT V

CORPORATE NEGLIGENCE

Living Plaintiffs v. Comprehensive Healthcare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center

468. Plaintiffs incorporate all preceding paragraphs as if set forth more fully herein.

469. Comprehensive Healthcare Management Services, LLC exercised complete control over all aspects of the operation and management of the Brighton Rehab facility prior to and during the COVID outbreak at Brighton, including, but not limited to: creating, setting, funding, and/or implementing budgets; creating and maintaining business relationships with related parties as defined by the Centers for Medicare Services (“CMS”) that resulted in an undercapitalized and understaffed nursing home; hiring and training caregiving staff; monitoring resident acuity levels and staffing sufficiently to meet each resident’s needs; admitting and discharging residents to and from the facility; and creating and enforcing written policies and procedures to provide for the safety and well-being of all residents.

470. Each of these managerial and operational functions had a direct impact on the quality of care provided to the Plaintiff Residents and other residents in the Brighton facility.

471. Comprehensive Healthcare Management Services, LLC had a duty to act prudently, and had a duty to provide reasonable and ordinary care and care services to the Plaintiff Residents.

472. Comprehensive Healthcare Management Services, LLC had a duty to provide caregiving staff with sufficient personal protective equipment, sanitation and hygiene products, and medical tools to prevent cross-contamination and the spread of infection to residents and other staff.

473. Comprehensive Healthcare Management Services, LLC had a duty to ensure that all persons providing care within the Brighton facility were competent to provide that care.

474. Comprehensive Healthcare Management Services, LLC had a duty to oversee all persons who practice medicine in the Brighton facility.

475. Comprehensive Healthcare Management Services, LLC had a duty to formulate, adopt, and enforce adequate rules and policies to ensure quality care for residents of the Brighton facility, such as the Plaintiffs.

476. Comprehensive Healthcare Management Services, LLC had a duty to ensure that the Brighton facility was sufficiently staffed to meet the needs of its residents.

477. Comprehensive Healthcare Management Services, LLC negligently, recklessly, willfully and wantonly breached its duties owed to the Living Plaintiffs in the following ways:

- a. By failing to establish and maintain an infection prevention and control program ("IPCP") that provided a safe, sanitary and comfortable environment which prevented the development and transmission of communicable diseases and infections, namely the transmission of COVID-19, as pled herein,
- b. By failing to follow an infection prevention and control program ("IPCP") that provided a safe, sanitary and comfortable environment which prevented the development and transmission of communicable diseases and infections, namely the transmission of COVID-19, as pled herein,

- c. By failing to establish adequate written standards, policies, and procedures to identify possible communicable diseases in the Brighton facility before the infection could spread to other persons in the facility, as pled herein;
- d. By failing to follow written standards, policies, and procedures to identify possible communicable diseases in the Brighton facility before the infection could spread to other persons in the facility, as pled herein;
- e. By failing to establish adequate written standards, policies, and procedures that enumerate when possible incidents of communicable disease or infections should be reported, and who they should be reported to, as pled herein;
- f. By failing to follow written standards, policies, and procedures that enumerate when possible incidents of communicable disease or infections should be reported, and who they should be reported to, as pled herein;
- g. By failing to establish adequate written standards, policies, and procedures for precautions and safeguards to prevent the spread of infection within the Brighton facility, as pled herein;
- h. By failing to follow written standards, policies, and procedures for precautions and safeguards to prevent the spread of infection within the Brighton facility, as pled herein;
- i. By failing to establish adequate written standards, policies, and procedures for when and how a resident with a communicable infection should be isolated from residents and other staff, as pled herein;
- j. By failing to follow written standards, policies, and procedures for when and how a resident with a communicable infection should be isolated from residents and other staff, as pled herein;
- k. By failing to establish adequate written standards, policies, and procedures for when and how a staff member with exposure to a communicable infection should be prevented from exposing residents and other staff, as pled herein;

- l. By failing to follow written standards, policies, and procedures for when and how a staff member with exposure to a communicable infection should be prevented from exposing residents and other staff, as pled herein;
- m. By failing to provide adequate training and education to caregiving staff on infection prevention and control, as pled herein;
- n. By failing to ensure all caregiving staff members attended and were properly trained on infection prevention and control, and by failing to ensure all staff were properly re-educated as required; as pled herein,
- o. By failing to ensure that Dr. David Thimons was properly overseeing the facility in providing care to residents, as pled herein;
- p. By failing to ensure that Dr. David Thimons was properly safeguarding that the quality of care provided met all applicable standards, as pled herein;
- q. By failing to ensure that Dr. David Thimons, was properly auditing infection control procedures in the Brighton facility, as required, as pled herein;
- r. By failing to accurately and/or truthfully communicate information to residents and their families about the spread of COVID-19 within the Brighton facility, so as to allow them to make informed decisions for the wellbeing of their loved ones in the Brighton facility, as pled herein;
- s. By failing to accurately and/or truthfully communicate with other medical providers and the Pennsylvania Department of Health about the spread of COVID-19 within the Brighton facility, as pled herein;
- t. By failing to request assistance from the proper authorities when it became apparent that COVID-19 was quickly spreading throughout the Brighton facility, as pled herein;
- u. By failing to test Brighton's residents and staff for COVID-19 so as to properly separate and isolate COVID-positive individuals from those who had not been exposed to the virus, as pled herein;

- v. By stopping testing and presuming that all residents and all staff were COVID-positive, instead of taking proper precautions to identify and isolate those residents and staff who had not yet contracted the virus, as pled herein;
- w. By failing to ensure that proper social distancing was maintained by Brighton's residents and staff, as pled herein;
- x. By failing to provide adequate supplies for residents and staff to wash their hands to prevent the spread of infection, as pled herein;
- y. By failing to ensure that sinks were accessible for residents and staff to wash their hands, as pled herein;
- z. By failing to ensure that all employees washed their hands regularly, as pled herein;
- aa. By failing to properly store biohazardous waste, as pled herein;
- bb. By failing to ensure that all employees wore gloves and changed their gloves when appropriate, as pled herein;
- cc. By failing to ensure that all employees had access to sufficient Personal Protective Equipment (PPE), as pled herein;
- dd. By failing to ensure that all staff was trained in the proper use of PPE, as pled herein;
- ee. By failing to ensure that all staff used PPE properly, as pled herein;
- ff. By failing to ensure all employees were trained on, and followed, guidelines for sanitizing medical equipment between uses with different residents, as pled herein;
- gg. By failing to create a clean and sanitary environment, the lack of which created the potential for cross-contamination and the spread of diseases and infections, as pled herein;
- hh. By failing to recognize and appreciate the extreme risk that COVID-19 posed to Brighton's residents, who—due to age, pre-existing conditions, and living arrangements—were

already some of the most vulnerable individuals in our communities, as pled herein;

- ii. By failing to create and implement a plan to house COVID-positive residents in an isolated unit of the Brighton facility to avoid exposing residents who were not COVID-positive, as pled herein;
- jj. By intentionally understaffing the Brighton facility in order to keep the surplus Medicare and Medicaid funding as revenue, which resulted in Brighton's nursing staff being unable to meet the needs of the facility's residents, as pled herein.

478. At all relevant times, Comprehensive Healthcare Management Services, LLC had a duty to not violate the legal rights of any resident, and had a duty to comply with all provisions of Title 28, Pa. Administrative Code, Chapters 201 (General Operation of Long-Term Care Nursing Facilities) and 211 (Program Standards for Long-Term Care Nursing Facilities) and 42 C.F.R. §483 et seq. (Centers for Medicare & Medicaid Services, Department of Health and Human Services Requirements for Long Term Care Facilities).

479. These regulations comprise part of the standard of care that facilities like Brighton must provide to its residents.

480. These regulations are designed and intended to protect the interests of skilled nursing and long-term care residents such as the Plaintiff Residents.

481. These regulations are designed and intended to protect the interests of skilled nursing and long-term care residents against the hazards the Plaintiff Residents encountered at Brighton and the type of harm they suffered – specifically, contracting viral infections from other residents and/or staff.

482. Comprehensive Healthcare Management Services, LLC negligently, recklessly, willfully and wantonly violated these regulations in the following ways:

- a. By the failure of an effective governing body to adopt and enforce rules for the health care and safety of the residents, as required by 28 Pa. Code § 201.18, as pled herein;
- b. By failing to conduct ongoing coordinated educational programs for the development and improvement of skills of the facility's personnel, including training related to problems, needs, and rights of the residents, as required by 28 Pa. Code § 201.20(a), as pled herein;
- c. By failing to conduct in-service training at least annually which includes infection prevention and control, as required by 28 Pa. Code § 201.20(c), as pled herein;
- d. By admitting or re-admitting residents to the Brighton facility with disease in the communicable stage when the facility did not have the capability to care for the needs of the resident, as prohibited by 28 Pa. Code § 201.24(d), as pled herein;
- e. By failing to adequately train staff in proper implementation of policies and procedures, as required by 28 Pa. Code § 201.29(d), as pled herein;
- f. By failing to treat Plaintiffs with consideration, respect, and full recognition of dignity and individuality, as required by 28 Pa. Code § 201.29(j), as pled herein;
- g. By failing to report to the appropriate health agencies and appropriate Division of Nursing Care Facilities filed office when a resident developed a reportable disease, as required by 28 Pa. Code § 211.1(a), as pled herein;
- h. By failing to design and implement resident care policies to ensure the Plaintiffs' total medical needs were met and that they were protected from infection, as required by 28 Pa. Code § 211.10(d), as pled herein;
- i. By failing to update the facility's resident care policies as necessary to meet the total medical and psychosocial needs of Brighton's residents, as required by 28 Pa. Code § 211.10, as pled herein;

- j. By failing to provide nursing services by a sufficient number of nursing personnel on a 24-hour basis to meet the needs of all residents, as required by 28 Pa. Code § 211.12, as pled herein;
- k. By failing to protect and promote Plaintiffs' resident rights, as required by 42 C.F.R. § 483.10, as pled herein;
- l. By failing to treat each resident in a manner and in an environment that promoted maintenance or enhancement of his or her quality of life, as required by 42 C.F.R. § 483.10(a)(1), as pled herein;
- m. By failing to treat each resident with respect and dignity, as required by 42 C.F.R. § 483.10(e), as pled herein;
- n. By failing to immediately notify residents' representatives when there were significant changes in residents' physical statuses, as required by 42 C.F.R. § 483.10(g)(14), as pled herein;
- o. By failing to provide residents with a safe, clean, comfortable, and homelike environment, as required by 42 C.F.R. § 483.10(i), as pled herein;
- p. By failing to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior, as require by 42 C.F.R. § 483.10(i)(2), as pled herein;
- q. By discouraging residents from communicating with federal, state, or local officials, as prohibited by 42 C.F.R. § 483.10(k), as pled herein;
- r. By failing to conduct a comprehensive assessment for the Plaintiff residents after significant changes in their condition, as required by 42 C.F.R. § 483.20, as pled herein;
- s. By failing to ensure all residents, including the Plaintiff residents, received the necessary care and services to attain or maintain the highest practicable qualify of life, including physical, mental, and psychosocial well-being, as required by 42 C.F.R. § 483.24, as pled herein;
- t. By failing to ensure all residents, including Plaintiffs, received treatment and care in accordance with professional

standards of practice, as required by 42 C.F.R. § 483.25, as pled herein;

- u. By failing to have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population, as required by 42 C.F.R. § 483.35, as pled herein;
- v. By failing to provide nursing services by sufficient registered nurses on a 24-hour basis to the plaintiff residents in accordance with their care plans, as required by 42 C.F.R. § 483.35(b), as pled herein;
- w. By failing to obtain diagnostic services to meet the needs of its residents, as required by 42 C.F.R. § 483.50(b), as pled herein;
- x. By failing to administer the Brighton facility in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as required by 42 C.F.R. § 483.70, as pled herein;
- y. By failing to operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles, as required by 42 C.F.R. § 483.70, as pled herein;
- z. By failing to conduct and document a facility-wide assessment to determine what resources were necessary to care for the facility's residents competently during both day-to-day operations and emergencies and to review and update this assessment whenever there was any change that would require a substantial modification to any part of this assessment, and for this assessment to include the care required by the resident population considering the types of diseases and overall acuity present within that population, as required by 42 C.F.R. § 483.70(e), as pled herein;

- aa. By failing to establish and maintain an emergency preparedness plan that meets the requirements of 42 C.F.R. § 483.73, as pled herein;
- bb. By failing to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infection, as required by 42 C.F.R. § 483.80, as pled herein;
- cc. By failing to establish a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, as required by 42 C.F.R. § 483.80(a)(1), as pled herein;
- dd. By failing to establish a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility, as required by 42 C.F.R. § 483.80(a)(2)(i), as pled herein;
- ee. By failing to establish a system which specified standard and transmission-based precautions to be followed to prevent spread of infections, as required by 42 C.F.R. § 483.80(a)(2)(iii), as pled herein;
- ff. By failing to establish a system which specified when and how isolation should be used for a resident, including the type and duration of the isolation, as required by 42 C.F.R. § 483.80(a)(2)(iv), as pled herein; and,
- gg. By failing to establish a system which specified the circumstances under which the facility must prohibit employees with a communicable disease from direct contact with residents, if direct contract will transmit the disease, as required by 42 C.F.R. § 483.80(a)(2)(v), as pled herein;
- hh. By failing to inform residents and their families of COVID-19 occurrences in the facility, as required by 42 C.F.R. § 483.80(g)(3), as pled herein;
- ii. By failing to provide a safe, functional, sanitary, and comfortable environment to residents, staff, and the public, as required by 42 C.F.R. § 483.90, as pled herein;

- jj. By failing to develop, implement, and maintain an effective training program for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers, as required by 42 C.F.R. § 483.95, as pled herein; and,
- kk. By failing to include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program, as required by 42 C.F.R. § 483.95(e), as pled herein.

483. As a direct and proximate result of the negligent acts and omissions of Comprehensive Healthcare Management Services, LLC, as set forth above, Brighton's caregiving staff was less able to contain and control the spread of COVID-19 within Brighton's walls.

484. As a direct and proximate result of the negligent acts and omissions of Comprehensive Healthcare Management Services, LLC, as set forth above, the Plaintiff Residents were exposed to and contracted COVID-19.

485. As a direct and proximate result of the negligent acts and omissions of Comprehensive Healthcare Management Services, LLC, as set forth above, the Plaintiff Residents suffered the following damages:

- a. The Plaintiff Residents have experienced and may continue to experience pain, suffering, infirmity, deterioration, debilitation, loss of enjoyment of life, anxiety, and isolation/confinement from contracting and being treated for COVID-19; and,
- b. The Plaintiff Residents have incurred and may continue to incur hospital, medical, and nursing expenses to be treated for the COVID-19 virus and its sequelae and effects.

486. Furthermore, because the negligence of Comprehensive Healthcare Management Services, LLC went beyond ordinary negligence into gross negligence, recklessness, and willful and wanton conduct, Plaintiffs are entitled to recover punitive damages.

WHEREFORE, Plaintiffs Jodi Gill as Attorney-in-Fact of Glenn Oscar Gill; Kenneth Wright; Shelby Galton; Judith Marie as Guardian *Ad Litem* of Dorothy Umstead; and, Jamal Williams as Guardian *Ad Litem* of Lucille Williams claim damages of Comprehensive Healthcare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center, and demand compensatory and punitive damages from the Defendant in an amount in excess of the jurisdictional arbitration limits, together with interest, and any other relief this Honorable Court deems appropriate.

COUNT VI

VICARIOUS NEGLIGENCE

**Living Plaintiffs v. Comprehensive Healthcare Management Services, LLC
d/b/a Brighton Rehabilitation and Wellness Center**

487. Plaintiffs incorporates all preceding paragraphs herein as if set forth at length.

488. Brighton Rehab employs individuals who work solely in a managerial and supervisory capacity, and who do not provide hands-on care to residents. These managerial and supervisory employees include positions such as the Administrator, Assistant Administrator, Medical Director, Director of Nursing, Infection Preventionist and Assistant Director of Nursing.

489. At all relevant times, Brighton Rehab acted by and through these managerial and supervisory agents, servants, and/or employees, who were then and there acting within the course and scope of their employment. Accordingly, Brighton Rehab is vicariously liable for any negligence of these managerial and supervisory agents, servants, and/or employees.

490. This cause of action is limited to Brighton's vicarious liability for the negligence of only these managerial/supervisory employees who did not provide hands-on care to residents—

such as the Administrator, Assistant Administrator, Director of Nursing, Assistant Director of Nursing, Infection Preventionist, and Environmental Services Director. Plaintiffs do not seek to hold Brighton vicariously liable for the actions or inactions of Brighton's front-line caregiving nursing staff, whose members did the best they could to provide care in the dangerous environment created by Brighton and Brighton's management.

491. Brighton's managerial and supervisory employees had the responsibility and authority to make decisions for the facility in areas such as: creating, setting, funding, and/or implementing budgets; creating and maintaining business relationships with related parties as defined by the Centers for Medicare and Medicaid Services ("CMS") that resulted in an undercapitalized and understaffed nursing home; hiring and training staff; monitoring resident acuity levels and staffing sufficiency to meet each resident's needs; admitting and discharging residents to and from the facility; and creating and enforcing Brighton's policies and procedures.

492. Brighton's managerial and supervisory employees – such as the Administrator, Assistant Administrator, Director of Nursing, Infection Preventionist, and Assistant Director of Nursing – had a duty to make these decisions and carry out these functions with reasonable and ordinary care.

493. These types of managerial decisions had a direct impact on the quality of care Brighton provided to its residents.

494. Brighton's managerial and supervisory staff had a duty to ensure that all persons providing resident care within Brighton were competent and adequately trained to provide reasonable care to Brighton's residents.

495. Brighton's managerial and supervisory staff had a duty to formulate, adopt, and enforce rules and policies to ensure reasonable care for Brighton's residents.

496. Brighton's managerial and supervisory staff had a duty to supervise the nursing and caregiving staff to ensure that Brighton's policies and procedures, and basic infection protocol, were being followed.

497. Brighton's managerial and supervisory staff negligently, recklessly, carelessly, and willfully and wantonly breached their duties owed to the Plaintiffs in the following particulars:

- a. By failing to establish and maintain an infection prevention and control program ("IPCP") that provided a safe, sanitary and comfortable environment which prevented the development and transmission of communicable diseases and infections, namely the transmission of COVID-19, as pled herein;
- b. By failing to establish written standards, policies, and procedures for the above-mentioned IPCP, which should have specified a system of surveillance designed to identify possible communicable diseases before they can spread to other persons in the facility, to whom and when possible incidents of communicable disease or infections should be reported, precautions to be followed to prevent the spread of infections, when and how isolation should be used for a resident, and circumstances under which the facility must prohibit and prevent employees with communicable disease or infections from having direct contact with residents, as pled herein;
- c. By failing to provide adequate training and education to caregiving staff on infection prevention and control, as pled herein;
- d. By failing to ensure all caregiving staff members attended and were properly trained on infection prevention and control, and by failing to ensure all staff were properly re-educated as required, as pled herein;
- e. By failing to truthfully communicate information to residents and their families about the spread of COVID-19 within the Brighton facility, so as to allow them to make informed decisions for the wellbeing of their loved ones in the Brighton facility, as pled herein;

- f. By failing to make certain social distancing was maintained by staff, as pled herein;
- g. By failing to properly store clean linens and soiled laundry, as pled herein;
- h. By failing to ensure all employees properly wore gloves and performed hand hygiene, as pled herein;
- i. By failing to ensure all employees properly used PPE and were trained on proper use of PPE, as pled herein;
- j. By failing to ensure all employees knew of and properly followed guidelines for sanitizing medical equipment in between uses on different residents, as pled herein;
- k. By choosing to keep Medicare and Medicaid funding as profit instead of staffing to meet CMS's expected nursing hours, as pled herein; and,
- l. By intentionally understaffing the facility, as pled herein.

498. At all relevant times, Brighton's managerial and supervisory personnel had a duty to not violate the legal rights of any resident and to comply with all provisions of Title 28, Pa. Administrative Code, Chapters 201 (General Operation of Long-Term Care Nursing Facilities) and 211 (Program Standards for Long-Term Care Nursing Facilities), and 42 C.F.R. §483 et seq. (Centers for Medicare & Medicaid Services, Department of Health and Human Services Requirements for Long Term Care Facilities).

499. These state and federal regulations comprise part of the standard of care that facilities like Brighton must provide to its residents.

500. These state and federal regulations are designed and intended to protect the interests of skilled nursing and long-term care residents such as the Plaintiff Residents.

501. These state and federal regulations are designed and intended to protect the interests of skilled nursing and long-term care residents against the hazards the Plaintiff Residents

encountered at Brighton and the type of harm they suffered – specifically, contracting viral infections from other residents and/or staff.

502. Brighton’s managerial and supervisory personnel negligently, recklessly, carelessly, and willfully and wantonly violated these state and federal regulations in the following ways:

- a. By the failure of Brighton’s administrator to enforce regulations relative to the level of health care and safety of residents, as required by 28 Pa. Code § 201.18(e)(1), as pled herein;
- b. By the failure of Brighton’s administrator to develop and enforce adherence to policies and procedures to protect residents’ rights, as required by 28 Pa. Code § 201.29(a), as pled herein;
- c. By failing to adequately train staff in proper implementation of policies and procedures, as required by 28 Pa. Code § 201.29(d), as pled herein;
- d. By failing to treat Plaintiffs with consideration, respect, and full recognition of dignity and individuality, as required by 28 Pa. Code § 201.29(j), as pled herein;
- e. By failing to report to the appropriate health agencies and appropriate Division of Nursing Care Facilities filed office when a resident developed a reportable disease, as required by 28 Pa. Code § 211.1(a), as pled herein;
- f. By failing to design and implement resident care policies to ensure the Plaintiffs’ total medical needs were met and that they were protected from infection, as required by 28 Pa. Code § 211.10(d), as pled herein;
- g. By failing to update the facility’s resident care policies as necessary to meet the total medical and psychosocial needs of Brighton’s residents, as required by 28 Pa. Code § 211.10, as pled herein;

- h. By the director of nursing's failure to maintain standards of accepted nursing practice, as required by 28 Pa. Code §211.12(d)(1), as pled herein;
- i. By the director of nursing's failure to ensure the adequacy of the facility's nursing policy and procedure manuals, as required by 28 Pa. Code §211.12(d)(2), as pled herein;
- j. By the director of nursing's failure to ensure the adequacy of methods for coordination of nursing services with other resident services, as required by 28 Pa. Code §211.12(d)(3), as pled herein;
- k. By the director of nursing's failure to make proper recommendations for the number and levels of nursing personnel to be employed, as required by 28 Pa. Code §211.12(d)(4), as pled herein;
- l. By the director of nursing's failing to provide adequate general supervision, guidance, and assistance in implementing residents' personal health programs to assure that preventative measures, treatments, and other health services were properly carried out, as required by 28 Pa. Code §211.12(d)(5), as pled herein;
- m. By failing to protect and promote Plaintiffs' rights as residents, as required by 42 C.F.R. § 483.10, as pled herein;
- n. By failing to ensure that every resident, including Plaintiffs and their representatives, could exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility, as required by 42 C.F.R. § 483.10(b)(1), as pled herein;
- o. By failing to treat each resident with respect and dignity and care in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, as required by 42 C.F.R. § 483.10(a)(1), as pled herein;
- p. By failing to ensure all residents, including the Living Plaintiffs, received the necessary care and services to attain or maintain the highest practicable quality of life, including physical, mental, and psychosocial well-being, as required by 42 C.F.R. § 483.24, as pled herein;

- q. By failing to ensure all residents, including the Living Plaintiffs, received treatment and care in accordance with professional standards of practice, as required by 42 C.F.R. § 483.25, as pled herein;
- r. By failing to establish and maintain an emergency preparedness plan that meets the minimum requirements, as set forth by 42 C.F.R. § 483.73, as pled herein;
- s. By failing to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infection, as required by 42 C.F.R. § 483.80, as pled herein;
- t. By failing to establish a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, as required by 42 C.F.R. § 483.80(a)(1), as pled herein;
- u. By failing to establish a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility, as required by 42 C.F.R. § 483.80(a)(2)(i), as pled herein;
- v. By failing to establish a system which specified standard and transmission-based precautions to be followed to prevent spread of infections, as required by 42 C.F.R. § 483.80(a)(2)(iii), as pled herein;
- w. By failing to establish a system which specified when and how isolation should be used for a resident, including the type and duration of the isolation, as required by 42 C.F.R. § 483.80(a)(2)(iv), as pled herein;
- x. By failing to establish a system which specified the circumstances under which the facility must prohibit employees with a communicable disease from direct contact with residents, if direct contract will transmit the disease, as required by 42 C.F.R. § 483.80(a)(2)(v), as pled herein; and,
- y. By the failure of any designated Infection Preventionist(s) to administer the facility's IPCP in accordance with the requirements of 42 C.F.R. § 483.80, as pled herein.

503. As a direct and proximate result of the negligent acts and omissions of Brighton's managerial and supervisory personnel, as set forth above, Brighton's caregiving staff was less able to contain and control the spread of COVID within Brighton's walls.

504. As a direct and proximate result of the negligent acts and omissions of Brighton's managerial and supervisory personnel, as set forth above, the Plaintiff Residents were exposed to and contracted COVID-19.

505. As a direct and proximate result of the negligent acts and omissions of Brighton's managerial and supervisory personnel, as set forth above, the Plaintiff Residents suffered the following damages:

- a. The Plaintiffs experienced and may continue to experience pain, suffering, infirmity, deterioration, debilitation, loss of enjoyment of life, anxiety, and isolation/confinement from contracting and being treated for COVID-19; and,
- b. The Plaintiffs incurred and may continue to incur hospital, medical, and nursing expenses to be treated for the COVID-19 virus and its sequelae and effects.

506. Furthermore, because the negligence of Brighton's managerial and supervisory staff went beyond ordinary negligence into gross negligence, recklessness, and willful and wanton conduct, Plaintiffs are entitled to recover punitive damages.

507. Defendant Comprehensive Healthcare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center is vicariously liable for the negligent acts and omissions of its managerial and supervisory staff, as set forth above, and therefore for the damages claimed herein.

WHEREFORE, Living Plaintiffs Jodi Gill as Attorney-in-Fact of Glenn Oscar Gill; Kenneth Wright; Shelby Galton; Judith Marie as Guardian *Ad Litem* of Dorothy Umstead; and, Jamal Williams as Guardian *Ad Litem* of Lucille Williams claim damages of Comprehensive

Healthcare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center, and demand compensatory and punitive damages from the Defendant in an amount in excess of the jurisdictional arbitration limits, together with interest, and any other relief this Honorable Court deems appropriate.

COUNT VII

DR. THIMONS' NEGLIGENCE

Living Plaintiffs v. Dr. David G. Thimons, D.O. and Comprehensive Healthcare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center

508. Plaintiffs incorporate all preceding paragraphs as if more fully set forth herein.

509. At all relevant times, David G Thimons, D.O. acted within the course and scope of his employment or agency as the Medical Director of Brighton Rehabilitation and Wellness Center.

510. Defendant Dr. Thimons had a duty to act prudently and to provide reasonable and ordinary care and care services to Plaintiffs and all other Brighton Residents.

511. Defendant Dr. Thimons had a duty to oversee all persons who practice medicine within Brighton's facility.

512. Defendant Dr. Thimons had a duty to formulate, adopt, and enforce adequate rules and policies to ensure quality care for Brighton's residents.

513. Defendant Dr. Thimons negligently, recklessly, willfully and wantonly breached his duties owed to Plaintiffs in the following ways:

- a. By failing to provide adequate training and education to caregiving staff on infection prevention and control, as pled herein;

- b. By failing to ensure all caregiving staff members attended and were properly trained on infection prevention and control, and by failing to ensure all staff were properly re-educated as required, as pled herein;
- c. By failing to truthfully communicate information to residents and their families about the spread of COVID-19 within the Brighton facility, so as to allow them to make informed decisions for the wellbeing of themselves and their loved ones in the Brighton facility, as pled herein;
- d. By failing to make certain social distancing was maintained by staff, as pled herein;
- e. By failing to properly store clean linens and soiled laundry, as pled herein;
- f. By failing to ensure all employees properly wear gloves and perform hand hygiene, as pled herein;
- g. By failing to ensure all employees properly used PPE and were trained on proper use of PPE, as pled herein; and,
- h. By failing to ensure all employees knew of and properly followed guidelines for sanitizing medical equipment in between uses on different residents, as pled herein.

514. At all relevant times, Dr. Thimons, as the Medical Director of the Brighton facility had a duty to not violate the legal rights of any resident and to comply with all provisions of Title 28, Pa. Administrative Code, Chapters 201 (General Operation of Long-Term Care Nursing Facilities) and 211 (Program Standards for Long-Term Care Nursing Facilities) and 42 C.F.R. §483 et seq. (Centers for Medicare & Medicaid Services, Department of Health and Human Services Requirements for Long Term Care Facilities).

515. These state and federal regulations comprise part of the standard of care that facilities like Brighton must provide to its residents.

516. These state and federal regulations are designed and intended to protect the interests of skilled nursing and long-term care residents such as the Plaintiff Residents.

517. These state and federal regulations are designed and intended to protect the interests of skilled nursing and long-term care residents against the hazards the Plaintiff Residents encountered at Brighton and the type of harm they suffered – specifically, contracting viral infections from other residents and/or staff.

518. Defendant Dr. Thimons negligently, recklessly, and willfully and wantonly violated these state and federal regulations in the following ways:

- a. By failing to ensure the adequacy and appropriateness of the medical services provided to Brighton's residents, as required by 28 Pa. Code § 211.2(c), as pled herein;
- b. By failing to review incidents occurring in the Brighton facility and address the health and safety hazards of the facility, as required by 28 Pa. Code § 211.2(d)(1), as pled herein;
- c. By failing to provide appropriate information to Brighton's Administrator to help ensure a safe and sanitary environment for residents and personnel, as required by 28 Pa. Code § 211.2(d)(1), as pled herein;
- d. By failing to properly implement resident care policies, as required by 42 C.F.R. 483.70(h), as pled herein; and,
- e. By failing to coordinate medical care in the Brighton facility, as required by 42 C.F.R. § 483.70(h), as pled herein.

519. As a direct and proximate result of the negligent, reckless, willful and wanton actions and inactions of Dr. Thimons, as set forth above, the Plaintiff Residents suffered the following damages:

- a. The Plaintiffs experienced and may continue to experience pain, suffering, infirmity, deterioration, debilitation, loss of enjoyment of life, anxiety, and isolation/confinement from contracting and being treated for COVID-19; and,
- b. The Plaintiffs incurred and may continue to incur hospital, medical, and nursing expenses to be treated for the COVID-19 virus and its sequelae and effects.

520. Furthermore, because the negligence of Dr. Timons went beyond ordinary negligence into gross negligence, recklessness, and willful and wanton conduct, Plaintiffs are entitled to recover punitive damages.

521. Defendant Comprehensive Healthcare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center is vicariously liable for the acts and omissions of Dr. Timons, as set forth in this Count, and are therefore jointly and severally liable for the damages claimed herein.

WHEREFORE, Living Plaintiffs Jodi Gill as Attorney-in-Fact of Glenn Oscar Gill; Kenneth Wright; Shelby Galton; Judith Marie as Guardian *Ad Litem* of Dorothy Umstead; and, Jamal Williams as Guardian *Ad Litem* of Lucille Williams claim damages of Comprehensive Healthcare Management Services, LLC d/b/a Brighton Rehabilitation and Wellness Center, and demand compensatory and punitive damages from the Defendant in an amount in excess of the jurisdictional arbitration limits, together with interest, and any other relief this Honorable Court deems appropriate.

A JURY TRIAL IS DEMANDED.

Respectfully submitted,

ROBERT PEIRCE & ASSOCIATES, P.C.

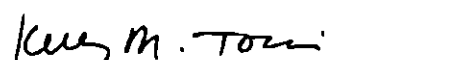
By: 
ROBERT F. DALEY, ESQUIRE

By: 
ELIZABETH CHIAPPETTA, ESQUIRE

MASSA BUTLER GIGLIONE

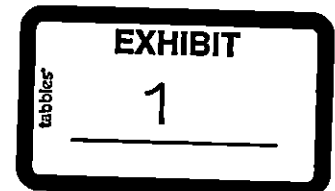
By: 
PETER D. GIGLIONE, ESQUIRE

McMILLEN URICK TOCCI & JONES

By: 
KELLY M. TOCCI, ESQUIRE

Declaration of Tremella Celestin

1. I am Tremella Celestin, an adult residing in Houma, Louisiana.
2. From approximately January 2020 until May 24, 2020, I was a Certified Nursing Assistant at Brighton Rehabilitation and Wellness Center in Beaver County, Pennsylvania, working the 3 p.m. to 11 p.m. shift on the 4 Main unit.
3. I have been certified as a Nursing Assistant since 1995.
4. Even though I was never a Pennsylvania resident, I was recruited along with others from my home state to work at Brighton by individuals who I believe owned the facility.
5. From February 2020 until the end of April or early May 2020, I never saw anyone from the Pennsylvania Department of Health in Brighton.
6. After the inspectors left, I overheard Brighton's Director of Nursing tell the facility's Social Worker that the Department of Health provided them 21 days to correct the infection control problems there, or the Department would take over its operation.
7. Beginning sometime in March of 2020, facility management kept a list of all COVID-positive residents, which could be accessed by staff members.
8. While I worked at Brighton, there was no widespread testing of residents for COVID-19; only residents who displayed symptoms were tested.
9. Even after residents at Brighton received COVID-19 positive diagnoses in March of 2020, we did not isolate or separate COVID-positive and COVID-negative residents until around May 21, 2020.
10. Similarly, the same staff members, including me, were assigned to care for COVID-positive and COVID-negative residents at the same time, before Personal Protective Equipment ("PPE") was issued.



11. Neither staff nor residents were consistently provided with PPE until the Pennsylvania National Guard arrived at Brighton around May 11, 2020.

12. At no point was I provided with any type of in-service training related to infection prevention, precautions, or facility protocols, even though I and other nurse aides were provided with paperwork indicating that we had received training related to infections and other topics.

13. Brighton was also understaffed during my employment. I was normally required to care for forty or more residents during the 3-11 shift. I was unable to properly do my job because of this. Residents who required assistance with mobility (including turning and repositioning in their beds and chairs to prevent pressure wounds) were not timely provided it; I could not assist residents to the bathroom in a timely manner; and could not timely respond to call lights.

14. Even though care was not properly provided to the residents, someone at Brighton would complete the Activities of Daily Living records indicating that care was in fact properly provided.

15. Additionally, many resident call lights were not functional at all, so if residents pushed the button, the light above their room would not activate. When the Pennsylvania National Guard arrived, they began to repair the broken lights.

16. I affirm, under penalty of perjury, that the information contained within this Declaration is true and correct to the best of my knowledge, information, and belief.

Date: June 24, 2020



Tremella Celestin

Declaration of Tremella Celestin

1. I am Tremella Celestin, an adult residing in Houma, Louisiana.
2. From approximately January 2020 until May 24, 2020, I was a Certified Nursing Assistant at Brighton Rehabilitation and Wellness Center in Beaver County, Pennsylvania, working the 3 p.m. to 11 p.m. shift on the 4 Main unit.
3. I have been certified as a Nursing Assistant since 1995.
4. Even though I was never a Pennsylvania resident, I was recruited along with others from my home state to work at Brighton by individuals who I believe owned the facility.
5. Ala Mazzocca was one of the residents to whom I was frequently assigned at Brighton, on the unit known as 4 Main.
6. Beginning sometime in March of 2020, facility management kept a list of all COVID-positive residents, which could be accessed by staff members.
7. Ms. Mazzocca was on the list of COVID-positive residents, even though it is my understanding that her family was told that she was not COVID-positive.
8. While I worked at Brighton, there was no widespread testing of residents for COVID-19; only residents who displayed symptoms were tested.
9. Even after residents at Brighton received COVID-19 positive diagnoses in March of 2020, we did not isolate or separate COVID-positive and COVID-negative residents until around May 21, 2020.

10. Similarly, the same staff members, including me, were assigned to care for COVID-positive and COVID-negative residents at the same time, before Personal Protective Equipment (“PPE”) was issued.

11. Neither staff nor residents were consistently provided with PPE until the Pennsylvania National Guard arrived at Brighton around May 11, 2020.

12. Before she tested as COVID-positive, Ms. Mazzocca shared a room with at least one COVID-positive resident.

13. I was not present when Ms. Mazzocca died, but I was informed by a co-worker that Ms. Mazzocca died of pneumonia. However, I do not recall her ever being diagnosed with pneumonia.

14. Within a few days of her death, Ms. Mazzocca also fell at Brighton; I do not believe that the fall was documented, investigated, that neuro checks were performed on Ms. Mazzocca, or that her family was informed of the fall.

15. At no point was I provided with any type of in-service training related to infection prevention, precautions, or facility protocols, even though I and other nurse aides were provided with paperwork indicating that we had received training related to infections and other topics.

16. Brighton was also understaffed during my employment. I was normally required to care for forty or more residents during the 3-11 shift. I was unable to properly do my job because of this. Residents who required assistance with mobility (including turning and repositioning in their beds and chairs to prevent pressure wounds) were not timely provided it; I could not assist residents to the bathroom in a timely manner; and I could not timely respond to call lights.

17. Even though care was not properly provided to the residents, someone at Brighton would complete the Activities of Daily Living records indicating that care was in fact properly provided.

18. Additionally, many resident call lights were not functional at all, so if residents pushed the button, the light above their room would not activate. When the Pennsylvania National Guard arrived, they began to repair the broken lights.

19. I witnessed numerous residents die from COVID-related health problems. I was required to assist with placing toe tags on deceased residents and putting them into body bags.

20. I affirm, under penalty of perjury, that the information contained within this Declaration is true and correct to the best of my knowledge, information, and belief.

Date: June 14, 2020

A handwritten signature in black ink, appearing to read "Tremella Celestin", written over a horizontal line.

Tremella Celestin

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/17/2020
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009		
STATE LICENSE NUMBER: 020802					
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F 0000	INITIAL COMMENT	F 0000			
F 0880	Based on an Abbreviated Survey in response to a complaint, completed on April 17, 2020, it was determined that Brighton Rehabilitation and Wellness Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0880			
SS=E					
			<div style="border: 2px solid black; padding: 5px; display: inline-block;"> EXHIBIT 2 </div>		

TITLE:

(X6) DATE:

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0880 SS=E	Continued from page 1 483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported;	F 0880	Preparation, submission, and implementation of this plan of correction does not constitute an admission of or agreement with the facts and conclusion set forth on the survey report. Our plan of correction is prepared and executed to continuously improve the quality of care and to comply with all state and federal regulatory requirements. The facility cannot retroactively correct the failed social distancing observed by staff, failed use of gloves, and failed hand hygiene. All sinks have been made accessible and provided with appropriate supplies for the performance of hand hygiene. All soiled linens have been appropriately placed and clean linens appropriately stored. All biohazardous waste has been properly discarded. Comprehensive environmental rounds have been completed to identify needs and create a clean and sanitary environment. Employee #26 has been re-educated on proper	Completion Date: 06/08/2020 Status: APPROVED Date: 06/03/2020	

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F 0880 SS=E	<p>Continued from page 2</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 0880	<p>infection control practices for prevention of cross contamination and transmission of infectious diseases by DON/designee. Existing clean and dirty linen barrels will be replaced with new covered linen carts and soiled linen hampers with lids.</p> <p>All facility staff have been re-educated by DON/designee on the social distancing policy and procedure, hand hygiene policy and procedure, proper use of PPE's to include gloves, proper storage of bio-hazardous materials, and maintenance of a clean and sanitary environment to prevent cross contamination and the spread of diseases and infections. All nursing and housekeeping staff have been re-educated by the DON/ Environmental Services Director/designee on the proper handling of clean and dirty linens. All housekeeping staff have been re-educated by the Environmental Services Director/designee on maintaining accessibility to all sinks</p>		

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F 0880 SS=E	Continued from page 3	F 0880	<p>and adequate supplies for proper hand washing.</p> <p>Competencies will be completed by the DON/designee on hand hygiene, proper handling of clean and dirty linens, and proper use of PPE for all direct care and environmental services staff. Audits will then be completed by DON/ Environmental Services Director/designee weekly times 4 weeks then monthly. Audits will be completed by DON/NHA/designee to ensure social distancing, daily times 1 week then weekly times 3 weeks, then monthly.</p> <p>Comprehensive environmental rounds/audits to include: resident rooms (walls, curtains, lights/switches, heating and cooling units, furniture, waste baskets and floors), bathrooms (soap dispensers, waste baskets, sinks, toilets and curtains), community and living areas (walls, heating and cooling units, furniture, soiled linen storage, vents, sinks, toilets, curtains) will be completed by NHA/Environmental</p>	

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F 0880 SS=E	Continued from page 4	F 0880	Services Director/Designee daily X 1 week, weekly X 3 weeks, then monthly thereafter. Results of the audits, patterns and trends will be reported to the Quality Assurance and Performance Improvement Committee monthly times 3 months.		

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F 0880 SS=E	<p>Continued from page 5</p> <p>Based on review of facility policy, observation, and staff interviews, it was determined that the facility failed to make certain social distancing was maintained by staff, properly store clean linens and soiled laundry, provide proper supplies to perform hand washing, properly store biohazardous waste, ensure sinks are accessible to perform handwashing, properly wear gloves and perform hand hygiene and create a clean and sanitary environment which created the potential for the cross-contamination and the spread of diseases and infections for seven of 11 nursing units (Grove 1, 2, 3 and 2 West and 2, 3 and 4 East Nursing Units).</p> <p>Findings include:</p> <p>Review of the facility policy "Hand Hygiene" dated 8/27/19, indicated that the purpose of hand hygiene is to decrease the risk of transmission of infection. Handwashing is performed when hands are visibly dirty or contaminated with proteinaceous material, are visible soiled with blood or other body fluids, before performing an invasive procedure, and after</p>	F 0880			

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F 0880 SS=E	<p>Continued from page 6</p> <p>providing care to a resident.</p> <p>Review of the facility policy "Cleaning, Disinfection and Sterilization" dated 8/27/19, indicated that the purpose is to provide supplies and equipment that are adequately cleaned, disinfected or sterilized. Supplies and equipment will be cleaned immediately after use. Thermometers are cleaned with hospital disinfectant.</p> <p>Review of the facility policy "Glove Use" dated 8/27/19, indicated that gloves are disposable single-use and to perform hand hygiene after removing gloves. Gloves should be used when touching excretions, secretions, blood, body fluids, mucous membranes, handling potentially contaminated items, when hands will possible come in contact with blood, body fluids, or other potentially infectious material.</p> <p>Review of the facility policy "Housekeeping Services" dated 8/27/19, indicated that purpose is to promote a safe and sanitary environment and that</p>	F 0880			

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F 0880 SS=E	<p>Continued from page 7</p> <p>regular scheduled environmental rounds should be done to monitor housekeeping, regulated medical waste and compliance to policy.</p> <p>During an observation on 4/17/20, at 2:55 p.m. of the building via the main entrance, numerous staff entered the building failing to maintain social distancing of at least 6 feet or more.</p> <p>During an interview on 4/17/20, at 3:15 p.m. the Nursing Home Administrator (NHA) confirmed the facility failed to practice proper social distancing which caused the potential of cross contamination and the spread of diseases and infections.</p> <p>During an observation on 4/17/20, from 4:18 p.m. through 4:32 p.m. of the Grove 1 Nursing Unit revealed the following:</p> <ul style="list-style-type: none"> -Two clean linen carts in the hallway uncovered open to air. -double linen hamper with an open, blue bag tied to the side which contained residents soiled personal 	F 0880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
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F 0880 SS=E	<p>Continued from page 8</p> <p>laundry in the hallway.</p> <p>-soiled utility room soap dispenser had a sign stating "Broken" push on handle and was stuck and did not dispense soap.</p> <p>During an interview on 4/17/20, at 4:34 p.m. the Assistant Director of Nursing (ADON) Employee E25 confirmed that the facility failed to properly store clean linens and soiled laundry and provide soap for hand washing which created the potential for cross-contamination and the spread of diseases and infections.</p> <p>During an observation on 4/17/20, from 4:35 p.m. through 4:43 p.m. of the Grove 2 Nursing Unit revealed the following:</p> <p>-soiled utility room over the hand washing sink was a large rubber floor matt blocking the sink.</p> <p>-no soap or paper towel dispensers.</p> <p>-sink in personal laundry- soap dispenser was empty.</p>	F 0880			

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F 0880 SS=E	<p>Continued from page 9</p> <p>During an interview on 4/17/20, at 4:44 p.m. the ADON Employee E25 confirmed that the facility failed to provide proper supplies to perform hand washing which created the potential for cross-contamination and the spread of diseases and infections.</p> <p>During an observation on 4/17/20, from 4:45 p.m. through 4:55 p.m. of the Grove 3 Nursing Unit revealed the following:</p> <ul style="list-style-type: none"> -hallway outside room 306 was a Broda Chair (reclining chair for resident comfort) which contained dried crusty substances on the seat and arms of the chair. -soiled utility room soap dispenser was empty. -numerous biohazardous bags on the floor open, spilling onto the floor. -window in soiled utility room was open and had no screen. <p>During an interview on 4/17/20, at 4:58 p.m. the ADON Employee E25 confirmed that the facility</p>	F 0880			

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F 0880 SS=E	<p>Continued from page 10</p> <p>failed to clean resident chair, provide proper supplies to perform handwashing and store biohazardous waste in a manner which created the potential for cross-contamination and the spread of diseases and infections.</p> <p>During an observation on 4/17/20, from 4:59 p.m. 5:04 p.m. of the 2 West Nursing Unit revealed the following:</p> <ul style="list-style-type: none"> -Two clean linen carts in the hallway uncovered and open to air. -double linen hamper with an open, blue bag tied to the side which contained residents soiled personal laundry in the hallway. -soiled utility room handwashing and hopper (sink to flush and rinse bedpans) sinks was blocked by two trash cans and hampers. <p>During an interview on 4/17/20, 5:04 p.m. ADON Employee E25 confirmed that the facility failed to properly store clean linen and soiled laundry, make certain that sinks are accessible to perform</p>	F 0880			

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F 0880 SS=E	<p>Continued from page 11</p> <p>handwashing and properly dispose of waste in a manner to prevent cross-contamination and the spread of diseases and infections.</p> <p>During an observation on 4/17/20, from 5:05 p.m. through 5:35 p.m. of the 4 East Nursing Unit revealed the following:</p> <ul style="list-style-type: none"> -Three clean linen carts in the hallway uncovered open to air. -shower room- on the shower curtain and floor was a brown substance. -soiled utility room (east side) sink was blocked by seven hampers and two trash cans. -sink had no soap in dispenser. - soiled utility room (west side) sink was blocked by boxes and two trash cans. -Solarium (dining room) two large soiled linen carts. <p>During this same observation on 4/17/20, from 5:05 p.m. through 5:35 p.m., Nursing Assistant (NA) Employee E26 with gloved hands opened the soiled utility room door, removed gloves touched hair,</p>	F 0880			

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F 0880 SS=E	<p>Continued from page 12</p> <p>removed gloves from pocket reapplied gloves without washing hands, removed towel from linen cart and cleaned brown substance off the floor in the shower room.</p> <p>During an interview on 4/17/20, at 5:35 p.m. Licensed Practical Nurse (LPN) Unit Manager E27 confirmed that the facility failed to properly store clean linens and soiled laundry, make certain that sinks are accessible to perform handwashing, create a clean environment, properly wear gloves and perform hand hygiene which created the potential for the cross-contamination, the spread of diseases and infections.</p> <p>During an observation on 4/17/20, from 5:37 p.m. through 6:00 p.m. of the 3 East Nurses Unit the following was observed:</p> <ul style="list-style-type: none"> -two large soiled linen carts stored in the hallway. -on a table next to the soiled carts were five clear bags of clean lines open to air, falling out of the bags. 	F 0880			

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F 0880 SS=E	<p>Continued from page 13</p> <p>-double linen hamper with an open, blue bag tied to the side which contained residents soiled personal laundry in the hallway.</p> <p>-toilet room (east side) three toilets had a brown substance on top, sides and the seat and three privacy curtains contained a brown substance on the surface.</p> <p>-in hallway outside room 342 was a pile of linens which was identified as dirty.</p> <p>-soiled utility room contained two trash cans and an open trash bag on the floor blocking the sink, the sink had a trash can lid on top of the sink and a shoe in the sink.</p> <p>-toilet room (west side) two of the three toilets had a brown substance on the floors and privacy curtains contained a brown substance on the surface.</p> <p>During an interview on 4/17/20, at 6:00 p.m. LPN Unit Manager E27 confirmed that the facility failed to properly store clean linens and soiled laundry, make certain that sinks are accessible to perform handwashing and create a clean environment which</p>	F 0880			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/17/2020
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009			
STATE LICENSE NUMBER: 020802					
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F 0880 SS=E	<p>Continued from page 14</p> <p>created the potential for cross-contamination and the spread of diseases and infections.</p> <p>During an observation on 4/17/20, from 6:05 p.m. through 6:10 p.m. of the 2 East Nurses Unit the following was observed:</p> <ul style="list-style-type: none"> -two large soiled linen carts stored in the hallway. -double linen hamper with an open, blue bag tied to the side which contained residents soiled personal laundry in the hallway. -toilet room (east side) brown substance on brief on the floor, floor and privacy curtains had a brown substance on the surface. -soiled utility room contained a washcloth on the floor in a ball, with a brown substance, sink was blocked by two opened trash bags on the floor. <p>During an interview on 4/17/20, at 6:15 p.m. LPN Unit Manager E27 confirmed that the facility failed to properly store soiled linens, make certain that sinks are accessible to perform handwashing and maintain a clean environment which created the potential for cross-contamination, spread of</p>	F 0880			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/17/2020
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F 0880 SS=E	Continued from page 15 diseases and infections. 28 Pa. Code 201.18(b)(1): Management. 28 Pa. Code 201.20(c): Staff development. 28 Pa. Code 211.10(d): Resident care policies. 28 Pa. Code 201.21(a): Outside resources.	F 0880			



Certified End Page

BRIGHTON REHABILITATION AND WELLNESS CENTER

STATE LICENSE NUMBER: 020802

SURVEY EXIT DATE: 04/17/2020

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

Handwritten signature of Susan Coble in cursive.

Susan Coble
Deputy Secretary for Quality Assurance

Handwritten signature of Rachel L. Levine, MD in cursive.

Rachel L. Levine, MD
Secretary of Health



pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

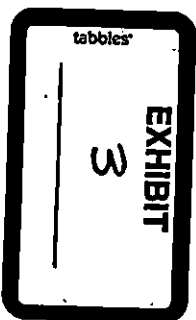
THIS PAGE IS NOW PART OF THIS SURVEY

Nursing Care Facility Performance Profile - 30 Month Period

Pennsylvania Department of Health
Nursing Care Facility Performance Profile - 30 Month Period

 Nursing Care Facility Information
 Department of Health
 Definitions
 Nursing Care Facility Locator
 Long Term Care Portal
 HELP

Nursing Care Facility	Number of Citations in Each Category											Level of Potential Harm to Resident
	Resident Rights: Admission, Transfer and Discharge	Staff Treatment of Residents	Quality of Life	Resident Assessment	Quality of Care	Nursing and Physician Services	Dietary Services	Ancillary Services	Physical Environment	Administration	Building Safety Deficiencies	Other
BRIGHTON REHABILITATION AND WELLNESS CENTER 246 FRIENDSHIP CIRCLE BEAVER PA 15009 (724) 775-7100	9	3	1	2	7	7	5	5	2	6	63	0
	This Facility											
	Comparison Statewide											
	Comparison to similar sized facilities											
	<div> <div>7</div> <div>98</div> <div>2 3</div> </div>											
	<div> <div>5</div> <div>31</div> <div>5</div> </div>											
	<div> <div>5</div> <div>49</div> <div>1</div> </div>											



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/30/2019
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009		
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F 0000	INITIAL COMMENT	F 0000		
	Based on a Revisit Survey, completed on October 30, 2019, it was determined that Brighton Rehabilitation and Wellness Center failed to correct all the federal deficiencies cited for the survey ending September 9, 2019, and new deficiencies were identified under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Facilities Licensure Regulations.			
F 0550 SS=D		F 0550		
			EXHIBIT 4	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
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F 0550 SS=D	Continued from page 1 483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.	F 0550	Resident R47 suffered no ill effects. Facility reviewed wound care treatment guidelines policy. DON/designee will educate nursing staff on providing privacy and dignity during provision of care. DON/designee will audit episodes of provision of care to ensure dignity being maintained daily x5, then weekly x 4 then monthly x3. Additionally, facility will implement recommendations issued by Bureau of Epidemiology as follows – monthly hand hygiene audits occurring on days, evenings, and night shifts. Colonization screening of staff and residents as directed by Bureau of Epidemiology. Education of staff on hand hygiene and ABHR as well as modes of transmission. Routine audits of wound care dressing changes. Facility continues to have weekly calls with Bureau of Epidemiology.	Completion Date: 11/21/2019 Status: APPROVED Date: 11/20/2019	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

PRINTED: 9/8/2020
FORM APPROVED
2567-L

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F 0550 SS=D	Continued from page 2 §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by:	F 0550			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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2567-L

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F 0550 SS=D	<p>Continued from page 3</p> <p>Based on review of facility policies, observations and staff interview, it was determined that the facility failed to maintain resident privacy and dignity during a dressing change for one of one resident (Resident R47).</p> <p>Findings include:</p> <p>Review of facility policy "Wound Care/Treatment Guidelines" dated 8/27/19, indicated that resident privacy should be maintained during treatment. A "procedure in progress" sign is needed on the door. The door should be closed and the curtain pulled.</p> <p>Review of Resident R47's clinical record revealed that resident was admitted to the facility on 8/28/19, with the diagnosis that included intellectual disabilities, constipation, sepsis with septic shock (systematic infection), high blood pressure, kidney failure, iron deficiency anemia (low iron in blood) and muscle wasting.</p>	F 0550			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
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2567-L

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F 0550 SS=D	<p>Continued from page 4</p> <p>During an observation on 10/30/19, at 2:30 p.m. of a right lateral (outside) ankle dressing change for Resident R47 Wound Care Registered Nurse (RN) Employee E1 performed the dressing change and failed to pull curtain and failed to close Resident R47's door.</p> <p>During the dressing change, LPN Unit Manager Employee E2 was standing in the doorway of Resident R47's room talking to Wound Care LPN Employee E1.</p> <p>During an interview on 10/30/19, at 3:20 p.m. Wound Care LPN Employee E1 confirmed that Resident R47's dignity was not maintained during the dressing change.</p> <p>28 Pa. Code: 201.29(j) Resident rights.</p> <p>28 Pa. Code: 211.10(a)(b)(c)(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(3)(4) Nursing</p>	F 0550			

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HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
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2567-L

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F 0550 SS=D	Continued from page 5 services.	F 0550			
F 0867 SS=D		F 0867			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
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2567-L

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F 0867 SS=D	Continued from page 6 483.75(g)(2)(ii) QAPI/QAA Improvement Activities §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by:	F 0867	1. Plans of Correction were reviewed for identified areas for failure. 2. Quality Assurance Performance Improvement plans will be reviewed to ensure compliance with the facility's Quality Assurance Performance Improvement process for infection control procedure related to the handling of soiled linens and infection control procedures during dressing changes. 3. Department Managers will be re-educated by the Nursing Home Administrator on the Quality Assurance Performance Improvement process, including the Quality Assurance monitoring for infection control procedures related to the handling of soiled linens and infection control procedures during dressing changes. 4. The Nursing Home Administrator/designee will audit the Plan of Correction action plans to ensure appropriate plans of actions are carried out. Any issues identified will be addressed. Results	Completion Date: 11/21/2019 Status: APPROVED Date: 12/09/2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
FORM APPROVED
2567-L

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F 0867 SS=D	Continued from page 7	F 0867	<p>of the audits will be submitted the Quality Assurance Improvement Performance committee for review and recommendations. NHA will audit weekly x 4 then monthly x 3.</p> <p>Additionally, facility will implement recommendations issued by Bureau of Epidemiology as follows –</p> <ol style="list-style-type: none"> 1. Monthly hand hygiene audits occurring on days, evenings, and night shifts. 2. Staff were educated by Director of Education on use of ABHR. 3. Colonization screening of staff and residents as directed by Bureau of Epidemiology. 4. Facility will consult certified wound nurse not employed by facility to perform competency evaluation for treatment administration for Wound Nurse as well as competency evaluation for treatment administration for licensed nurses. Competency for wound nurse occurred on 11/21. Competency for other licensed nurses with Certified Wound Nurse will be ongoing. 	

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HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
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F 0867 SS=D	Continued from page 8	F 0867	<p>5. Certified wound nurse will also provide education to Wound Nurse and licensed nurses on treatment administration, focusing on appropriate gloving and hand hygiene, creation and maintenance of a surface barrier or disinfection of surface area, cross contamination risk of equipment and supplies.</p> <p>6. Certified Wound Nurse will review facility policies related to treatment administration and dressing changes and will prepare recommendations to be reviewed by QAPI committee.</p> <p>7. Infection Preventionist will educate licensed staff and non-licensed support staff on use of PPE.</p> <p>8. Infection Preventionist/designee will audit staff PPE usage and will provide feedback to staff regarding results of audits. Audits will occur weekly x 4 then monthly x 3.</p> <p>9. Infection Preventionist/designee will educate staff on signs/symptoms of Group A streptococcus infection.</p>	

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HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

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F 0867 SS=D	Continued from page 9	F 0867	<p>10. Facility procured disinfectant wipes with 2 minute-contact kill time per policy.</p> <p>11. Infection Preventionist will review facility policies relating to treatment administration, hand hygiene/ABHR, reusable medical equipment and will present recommendations for changes to QAPI committee.</p> <p>12. Ad-hoc QAPI committee meeting will be held to review IP recommendations and Certified Wound Nurse recommendations.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

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F 0867 SS=D	<p>Continued from page 10</p> <p>Based on review of the facility's plans of correction for previous surveys, and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to correct quality deficiencies and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies.</p> <p>Findings include:</p> <p>The facility's deficiencies and plans of correction for State Survey and Certification (Department of Health) surveys ending 9/13/19, revealed that the facility developed plans of correction that included quality assurance systems to ensure that the facility maintained compliance with cited nursing home regulations. The results of the current survey, ending 10/30/19, identified repeated deficiencies related to proper infection control procedures not maintained during the dressing change, improper storage of soiled linens and failure to providing appropriate facilities for handwashing which created the potential for cross contamination and the potential spread of</p>	F 0867			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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F 0867 SS=D	Continued from page 11 infections and diseases. The facility's plan of correction for a deficiency regarding proper infection control procedures, revealed that the facility would complete audits, educate staff and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F880, revealed that the facility's QAPI committee was ineffective in developing and implementing corrective actions for noncompliance by staff on procedures related to infection control and the prevention of cross-contamination. Refer to F880.	F 0867		
F 0880 SS=E		F 0880		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/30/2019
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009		
STATE LICENSE NUMBER: 020802				
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F 0880 SS=E	Continued from page 12 483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported;	F 0880	Resident R47 suffered no ill effects. The soap dispenser in Grove 3 soiled utility room was moved next to sink and refilled. Regional Clinical Consultant will educate DON and Wound Nurse on infection control procedures as they relate to treatment administration. DON/designee will educate nursing staff on infection control procedures as they relate to treatment administration. DON/designee will audit treatment administration provision to ensure infection control maintained weekly x4 then monthly x3. DON/designee will educate nursing staff on infection control procedures related to soiled linen handling. DON/designee will audit soiled linen handling and storage and handling to ensure infection control practices are being followed. Members of QAPI committee will audit hand hygiene facilities to ensure supplies are accessible. Audits will occur weekly x 4 then monthly x3. Additionally, facility will implement	Completion Date: 11/21/2019 Status: APPROVED Date: 12/09/2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:	(X3) DATE SURVEY COMPLETED: 10/30/2019
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009		
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F 0880 SS=E	<p>Continued from page 13</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 0880	<p>recommendations issued by Bureau of Epidemiology as follows –</p> <ol style="list-style-type: none"> 1. Monthly hand hygiene audits occurring on days, evenings, and night shifts. 2. Staff were educated by Director of Education on use of ABHR. 3. Colonization screening of staff and residents as directed by Bureau of Epidemiology. 4. Facility will consult certified wound nurse not employed by facility to perform competency evaluation for treatment administration for Wound Nurse as well as competency evaluation for treatment administration for licensed nurses. Competency for wound nurse occurred on 11/21. Competency for other licensed nurses with Certified Wound Nurse will be ongoing. 5. Certified wound nurse will also provide education to Wound Nurse and licensed nurses on treatment administration, focusing on appropriate gloving and hand hygiene, creation and maintenance of a surface barrier or disinfection of 	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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2567-L

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F 0880 SS=E	Continued from page 14	F 0880	<p>surface area, cross contamination risk of equipment and supplies.</p> <p>6. Certified Wound Nurse will review facility policies related to treatment administration and dressing changes and will prepare recommendations to be reviewed by QAPI committee.</p> <p>7. Infection Preventionist will educate licensed staff and non-licensed support staff on use of PPE.</p> <p>8. Infection Preventionist/designee will audit staff PPE usage and will provide feedback to staff regarding results of audits. Audits will occur weekly x 4 and monthly x 3.</p> <p>9. Infection Preventionist/designee will educate staff on signs/symptoms of Group A streptococcus infection.</p> <p>10. Facility procured disinfectant wipes with 2 minute-contact kill time per policy.</p> <p>11. Infection Preventionist will review facility policies relating to treatment administration, hand hygiene/ABHR, reusable medical</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

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F 0880 SS=E	Continued from page 15	F 0880	equipment and will present recommendations for changes to QAPI committee. 12. Ad-hoc QAPI committee meeting will be held to review IP recommendations and Certified Wound Nurse recommendations.	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

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F 0880 SS=E	<p>Continued from page 16</p> <p>Based on review of facility policy, observation and staff interviews, it was revealed that the facility failed to provide a sanitary environment to prevent possible cross contamination during a dressing change for one of one residents (Resident R47), store soiled linens to prevent the potential spread of infection on one of 9 nursing units (Grove 3 Nursing Unit) and failed to maintain adequate handwashing facilities to prevent the potential for cross contamination on one of 9 nursing units (Grove 3 Nursing Unit).</p> <p>Findings include:</p> <p>The facility policy entitled "Infection Prevention Program" dated 8/27/19, indicated that the goals of the program are to decrease the risk of infection to residents and personnel and identify and correct problems relating to infection prevention practices.</p> <p>Review of the facility policy "Hand Washing Technique" dated 8/27/19, indicated that the purpose of handwashing is to prevent spread of</p>	F 0880		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

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F 0880 SS=E	<p>Continued from page 17</p> <p>infection and diseases and limit the transfer of organisms from one person to another and handwashing should be performed before and after handling body secretions, before and after direct resident care, following a dressing change and after the removal of gloves.</p> <p>The facility policy "Infection Control: Laundry Services " dated 8/27/19, indicated that all soiled linen should be bagged at the location where it is used.</p> <p>Review of Resident R47's clinical record revealed that resident was admitted to the facility on 8/28/19, with the diagnosis that included intellectual disabilities, constipation, sepsis with septic shock (systematic infection), high blood pressure, kidney failure, iron deficiency anemia (low iron in blood) and muscle wasting.</p> <p>During an observation of a dressing change on 10/30/19, at 2:30 p.m. the following was observed: Wound Care Registered Nurse (RN) Employee E1</p>	F 0880		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

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F 0880 SS=E	Continued from page 18 placed Resident R47 foot on a pillow, placed a field under resident's foot then with the same gloved hands removed supplies from clean field, cleansed wound and went back to the clean field for other supplies with the same gloved hands. When Wound Care RN Employee E1 completed the dressing change and contaminated supplies were place in a biohazardous bag and removed one glove, with gloved hand took biohazardous bag to the soiled utility room, with the ungloved hand typed in the door code and disposed of the biohazard bag in the soiled utility room. Wound Care RN Employee E1 then removed second glove and want to perform hand washing and the soap dispenser was out of soap and located opposite side of the soiled utility room from where the handwashing sink is located. Wound Care RN Employee E1 removed a bottle of personal hand sanitizer from his/her scrub pocket. Wound Care RN Employee E1 then returned to Resident R47's room retrieved soiled bagged linens and took linens to a hamper the hamper bag was full of soiled linens the bag was loose from the hamper omitting a foul odor and on the top lid of the hamper	F 0880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
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F 0880 SS=E	<p>Continued from page 19</p> <p>was a clear bag with soiled linens that had brown stains seen through the bag. Wound Care RN Employee E1 verbalized that the dressing change was complete and failed to return to Resident R47's room to disinfect resident's over bed table that was used for the clean field during the dressing change.</p> <p>During an interview on 10/30/19, at 3:20 p.m. Wound Care RN Employee E1 confirmed that proper infection control procedures were not maintained during the dressing change which created the potential for cross contamination, that soiled linens were not stored properly to prevent the potential spread of infection and failed to maintain adequate handwashing facilities which created the potential for cross contamination.</p> <p>Refer to F867.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee. Previously cited 2/16/19 and 9/13/19.</p>	F 0880		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 0880 SS=E	Continued from page 20 28 Pa. Code: 201.18(b)(1)(e)(1) Management. Previously cited 2/16/19 and 9/13/19. 28 Pa. Code: 207.(a) Administrator's responsibility. Previously cited 9/13/19. 28 Pa. Code: 211.12(d)(1)(5) Nursing services. Previously cited 9/13/19.	F 0880			



Certified End Page

BRIGHTON REHABILITATION AND WELLNESS CENTER

STATE LICENSE NUMBER: 020802

SURVEY EXIT DATE: 10/30/2019

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

Handwritten signature of Susan Coble in cursive.

Susan Coble
Deputy Secretary for Quality Assurance

Handwritten signature of Rachel L. Levine, MD in cursive.

Rachel L. Levine, MD
Secretary of Health



pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY

2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/05/2020
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009			
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E 0000	INITIAL COMMENT Based on a COVID-19 focused and complaint survey completed on May 5, 2020, it was determined that Brighton Rehabilitation was found to be in compliance with the requirements of 42 CFR, Part 484.22, Subpart B, Conditions of Participation: Emergency Preparedness.	E 0000			

(X6) DATE:

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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2567-L

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F 0000	INITIAL COMMENT	F 0000		
	Based on a COVID-19 focused and complaint survey completed on May 5, 2020, it was determined that Brighton Rehabilitation was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations which the facility failed to prevent the potential for cross contamination of disease which created the potential for cross-contamination and placed residents of nine of eleven nursing units in Immediate Jeopardy (Two East, Three East, Four East, Two Main, Two West, Four Main, Five Main, Grove Two, and Grove Three).			
F 0755 SS=D		F 0755		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0755 SS=D	<p>Continued from page 1</p> <p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p>	F 0755	<p>1. The facility cannot retroactively correct the failure to complete the medication passes with resident R1.</p> <p>2. Resident R1's care plan and medication administration record was reviewed by the provider. Resident R1 provider and family member notified of incomplete medication administration. Resident R1 suffered no ill effects from incomplete medication administration.</p> <p>3. All licensed nurses have been re- educated by DON/designee on policy and procedure for medication administration, specifically regarding medications being left at bedside.</p> <p>4. Competencies have been completed by DON/designee for all licensed nurses as it relates to policy and procedure of medication administration.</p> <p>5. DON/designee will audit all competencies to ensure all licensed nurses are competent with</p>	<p>Completion Date: 06/08/2020 Status: APPROVED Date: 06/08/2020</p>

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F 0755 SS=D	Continued from page 2 This REQUIREMENT is not met as evidenced by:	F 0755	medication administration. Random competencies will be completed weekly times four weeks, monthly times three months, then no less than upon hire and annually. 6. DON/designee will audit residents to ensure medications are not left at bedside. Audits will include 10 residents and will occur daily x 5 days, then weekly x 4 weeks, then monthly x 2 months. Results of the audits, patterns and trends will be reported to the Quality Assurance and Performance Improvement Committee monthly times 3 months.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 0755 SS=D	<p>Continued from page 3</p> <p>Based on a review of facility policy, observation and staff interview, it was determined that the facility failed to properly administer medications in one of four resident rooms (Room 406).</p> <p>The facility policy "Medication Pass" last reviewed 8/27/19, indicated medications will be administered by a licensed nurse.</p> <p>The facility policy "Resident Self-Administration of Medication" last reviewed 8/27/19, indicated that a resident requesting self-administration of medication will have a physician's order and a "Self Administration of Medication Assessment".</p> <p>The Face Sheet indicated that Resident R1 was readmitted to the facility on 10/31/19, with diagnoses that included hypertension (high blood pressure), dysphagia (a condition in which a person's ability to eat and drink is disrupted), and schizoaffective disorder (a mental disorder in which a person experiences a combination of schizophrenia and mood disorder symptoms).</p>	F 0755			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:	(X3) DATE SURVEY COMPLETED: 05/05/2020
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009		
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F 0755 SS=D	<p>Continued from page 4</p> <p>The Annual Minimum Data Set (MDS-periodic assessment of care needs) for Resident R1 dated 3/27/20, indicated the above diagnoses remain current.</p> <p>Review of Resident R1's plan of care indicated goals and interventions related to Resident R1's self-care deficit and related to impaired cognition.</p> <p>Review of the physician's orders, assessments, and plan of care failed to reveal an order, assessment, or plan of care for the self-administration of medication.</p> <p>During an observation on 5/1/20, at 5:45 p.m. in Room 406, there was a medication cup that contained three pills sitting on the overbed table in front of a resident. Upon inquiry, she stated that she was unable to take her medications due to not having anything to drink.</p> <p>Review of the physician's orders dated 3/17/20,</p>	F 0755		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/05/2020
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F 0755 SS=D	<p>Continued from page 5</p> <p>Resident R1 was ordered Zyprexa (an anti-psychotic medications) 5mg once per day, Neurontin (medication used to treat nerve pain) 300 mg twice per day, and Lisinopril (a medication to treat high blood pressure) 40 mg once per day.</p> <p>During an interview on 5/1/20, at 6:15 p.m. Licensed Practical Nurse Employee (LPN) E19 confirmed that he had not provided any medication to Resident R1 during his shift, and upon viewing the medications, stated they were from her morning medication pass.</p> <p>Review of the Medication Administration Record confirmed the medications were provided to Resident R1 by LPN Employee E21.</p> <p>During an observation on 5/4/20, at 1:40 p.m. LPN Employee E20 was observed providing medication to Resident R1.</p> <p>During a second observation on 5/4/20, at 1:55 p.m. Resident R1 had three pills in a medication cup</p>	F 0755			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/05/2020
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F 0755 SS=D	<p>Continued from page 6</p> <p>on her overbed table.</p> <p>During an interview on 5/4/20, at 2:00 p.m. Licensed Practical Nurse E20 stated that Resident R1 takes a long time to take her medications, and she leaves the medication with her.</p> <p>During an interview on 5/4/20, at 2:45 p.m. Assistant Director of Nursing Employee E24 confirmed the facility failed to properly administer medications to Resident R1 in Room 406.</p> <p>28 Pa. Code: 211.12 (d)(1)(5) Nursing services. Previously cited: 8/7/18, 1/28/19, 2/1/19, 2/6/19, 5/16/19, 8/14/19, 9/13/19</p> <p>28 Pa. Code: 211.12 (d)(2) Nursing services Previously cited: 8/7/18, 1/28/19, 2/1/19, 5/16/19</p>	F 0755			
F 0835 SS=F		F 0835			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:	(X3) DATE SURVEY COMPLETED: 05/05/2020
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F 0835 SS=F	Continued from page 7 483.70 Administration §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by:	F 0835	1. The facility NHA and DON submitted an abatement plan on 5/2/20 to address the immediate jeopardy: a. The Director of Nursing and/or designees will immediately provide re-education to nursing staff on infection control procedures for cleaning of glucometers, pulse oximeters and thermometers. Re-education will also encompass hand hygiene and glove use to include changing gloves between residents and disease transmission. In addition, nursing staff will be educated on appropriate mask use for resident care and community areas of the center. Staff will complete competencies on education received. i. All nursing staff on duty will be educated prior to leaving their shift today. ii. All incoming nursing staff will be educated prior to starting their shift, ongoing until all nursing staff have received education. iii. A master list of education will be maintained and any outstanding	Completion Date: 06/08/2020 Status: APPROVED Date: 06/03/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED

2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: <u></u>	(X3) DATE SURVEY COMPLETED: 05/05/2020
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F 0835 SS=F	Continued from page 8	F 0835	<p>staff, to include agency, will be cross referenced upon entry to the facility, those persons identified as not having received education will report to Clinical Leadership on duty for completion of education prior to starting their shift.</p> <ol style="list-style-type: none"> 1. Glucometers, pulse oximeters and thermometers used between resident will be cleaned with disinfectant per manufacturers guidelines. 2. Hand hygiene will be performed before and after each use of glucometers, pulse oximeters and thermometers 3. Hand hygiene will be completed before and after direct care contact with residents to include removal of gloves after each resident. 4. Masks will be donned upon entering the center and worn throughout. Masks may be removed for brief periods of time outside of the resident care areas, while social distancing is respected. <ol style="list-style-type: none"> b. The Director of Nursing/designee will audit infection control procedures, with a focus on 	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:	(X3) DATE SURVEY COMPLETED: 05/05/2020
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F 0835 SS=F	Continued from page 9	F 0835	<p>cleaning glucometers, pulse oximeters and thermometers, hand hygiene related to changing gloves and proper use of masks every on each shift, 30 observations per day, for 1 month.</p> <p>c. The Quality Assurance Performance Improvement Committee will determine continuation and frequency of auditing after 1 month.</p> <p>2. The individual job descriptions have been reviewed with both the NHA and the DON by an active governing body representative.</p> <p>3. The DON and NHA have been re-educated on the regulations related to infection control by an active governing body representative.</p> <p>4. The facilities governing body will review all audits related to the infection control program weekly times three weeks, monthly times three, then annually.</p> <p>Results of the audits, patterns and trends will be reported to the Quality Assurance and Performance</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/05/2020
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F 0835 SS=F	Continued from page 10	F 0835	Improvement Committee monthly times 3 months.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:	(X3) DATE SURVEY COMPLETED: 05/05/2020
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F 0835 SS=F	<p>Continued from page 11</p> <p>Based on a review of job descriptions, clinical records, and staff interviews, it was determined that the Nursing Home Administrator (NHA) and the Director of Nursing (DON) did not effectively manage the facility to make certain that proper infection control procedures were followed to protect residents from cross-contamination, infections, virus' and disease in the facility.</p> <p>Findings include:</p> <p>The job description for the NHA specified the primary purpose of the job position is to manage the facility in accordance with current applicable federal, state and local standards, guidelines and regulations that govern long term care facilities. To ensure the highest degree of quality care is provided to all residents at all times.</p> <p>The job description for the DON specified the purpose of the job position was to plan, organize, develop and direct the overall operation of the nursing service department in accordance with</p>	F 0835		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

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F 0835 SS=F	<p>Continued from page 12</p> <p>current federal, state and local standards, guidelines and regulations that govern the facility to ensure that the highest degree of quality of care is maintained at all times.</p> <p>Based on the findings in this report that identified that the facility failed to consistently maintain an infection prevention and control program which placed residents in Immediate Jeopardy. The facility staff failed ensured proper cleaning and disinfecting of multi-use equipment, staff failed to use proper PPE, perform proper hand-hygiene, and store/handle linens in the proper manner to prevent the potential for cross contamination of disease which created the potential for cross-contamination. The NHA and the DON failed to fulfill their essential job duties to ensure that the federal and state guidelines and regulations were followed.</p> <p>Refer to F880,</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee. Previously cited 12/14/18, 9/22/17.</p>	F 0835			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

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F 0835 SS=F	Continued from page 13 28 Pa. Code 201.18(b)(1) Management. Previously cited 9/22/17. 28 Pa. Code 201.18(b)(3) Management. Previously cited 12/14/18, 8/7/18, 9/22/17. 28 Pa. Code 201.18(e)(1) Management. Previously cited 12/14/18, 4/2/18, 9/22/17. 28 Pa. Code 207.2(a) Administrator's responsibility. Previously cited 8/7/18, 9/22/17. 28 Pa. Code 211.12(d)(1)(5) Nursing services. Previously cited 8/7/18, 4/2/18, 9/22/17. 28 Pa. Code 211.12(d)(2)(3) Nursing services. Previously cited 8/7/18, 9/22/17.	F 0835		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 05/05/2020
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F 0835 SS=F	Continued from page 14	F 0835		
F 0838 SS=E		F 0838		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/05/2020
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F 0838 SS=E	<p>Continued from page 15</p> <p>483.70(e)(1)-(3) Facility Assessment</p> <p>§483.70(e) Facility assessment. The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include:</p> <p>§483.70(e)(1) The facility's resident population, including, but not limited to,</p> <p>(i) Both the number of residents and the facility's resident capacity;</p> <p>(ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;</p> <p>(iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population;</p> <p>(iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and</p> <p>(v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility,</p>	F 0838	<p>1. The facility cannot retroactively provide updates to the facility assessment.</p> <p>2. The facility assessment has been updated to reflect the facilities annual in-servicing policy and program, to include at least infection prevention and control, fire prevention and safety, accident prevention, disaster preparedness, resident confidential information, resident psychosocial needs, restorative nursing techniques and resident rights, including personal property rights, privacy, preservation of dignity and the prevention and reporting of resident abuse.</p> <p>3. All employees have been re-educated on the facilities infection prevention program. The NHA and DON have been reeducated on the requirements of the facility assessment by an active representative of the governing body (management company).</p>	<p>Completion Date: 06/08/2020 Status: APPROVED Date: 06/08/2020</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

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F 0838 SS=E	Continued from page 16 including, but not limited to, activities and food and nutrition services. §483.70(e)(2) The facility's resources, including but not limited to, (i) All buildings and/or other physical structures and vehicles; (ii) Equipment (medical and non- medical); (iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies; (iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care; (v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and (vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations. §483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach. This REQUIREMENT is not met as evidenced by:	F 0838	4. A representative of the governing body (management company) will complete an audit of the facility assessment monthly times 3 months, then quarterly times six months to ensure the facility assessment is complete and accurate. The DON/designee will conduct audits monthly times six months to ensure all annual training and new hire training has been completed, to include at least infection prevention and control, fire prevention and safety, accident prevention, disaster preparedness, resident confidential information, resident psychosocial needs, restorative nursing techniques and resident rights, including personal property rights, privacy, preservation of dignity and the prevention and reporting of resident abuse Results of the audits, patterns and trends will be reported to the Quality Assurance and Performance Improvement Committee for review and recommendation.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 05/05/2020
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F 0838 SS=E	<p>Continued from page 17</p> <p>Based on a review of facility documents and staff interview it was determined that the facility failed to implement staff training, assess staff knowledge, skills, and abilities of the staff to be able to perform work roles successfully to meet each residents' needs.</p> <p>Findings include:</p> <p>A review of the "Facility Assessment Tool" dated 1/7/19, and updated January 2020, indicated the facility will maintain an adequately trained and competent staff.</p> <p>Based on the findings of an Abbreviated survey in response to a COVID-19 survey and four complaints, completed on 5/5/20, which identified areas of regulatory non-compliance, it was determined that the Nursing Home Administrator and the Director of Nursing failed to ensure adequate and proper training of staff in infection control procedures to identify and prevent the possibility of cross-contamination.</p>	F 0838		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/05/2020
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F 0838 SS=E	<p>Continued from page 18</p> <p>A review of the facility "Infection Prevention Program Overview" dated 9/1/18, and last reviewed by the facility on 8/27/19, indicated that training of staff in infection prevention occurs at least annually.</p> <p>Review of Nurse Aide (NA) Employees E1, E2, E3, E4, E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, E15, E16, and E17's education records with hire date greater than 12 months revealed the following:</p> <p>NA Employee E1 had a hire date of 9/7/14, did not receive annual training in infection prevention during the period of 9/7/18/18, through 9/7/19.</p> <p>NA Employee E2 had a hire date of 9/4/17, did not receive annual training in infection prevention during the period of 9/4/18, through 9/4/19.</p> <p>NA Employee E3 had a hire date of 9/10/12, did not receive annual training in infection prevention during the period of 9/10/18, through 9/10/19.</p>	F 0838			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
FORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/05/2020
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009		
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F 0838 SS=E	Continued from page 19 NA Employee E4 had a hire date of 10/31/11, did not receive annual training in infection prevention during the period of 10/31/18, through 10/31/19. NA Employee E5 had a hire date of 11/1/17, did not receive annual training in infection prevention during the period of 11/1/18, through 11/1/19. NA Employee E6 had a hire date of 6/2/18, did not receive annual training in infection prevention during the period of 6/2/18, through 6/2/19. NA Employee E7 had a hire date of 7/14/14, did not receive annual training in infection prevention during the period of 11/15/18, through 11/15/19. NA Employee E8 had a hire date of 1/2/16, did not receive annual training in infection prevention during the period of 1/2/19, through 1/2/20. NA Employee E9 had a hire date of 7/6/87, did not receive annual training in infection prevention during	F 0838			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
FORM APPROVED
2567-L

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F 0838 SS=E	Continued from page 20 the period of 7/6/18, through 7/6/19. NA Employee E10 had a hire date of 7/28/14, did not receive annual training in infection prevention during the period of 7/28/18, through 7/28/19. NA Employee E11 had a hire date of 1/7/15, did not receive annual training in infection prevention during the period of 1/7/19, through 1/7/20. NA Employee E12 had a hire date of 8/16/99, did not receive annual training in infection prevention during the period of 8/16/18, through 8/16/19. NA Employee E13 had a hire date of 3/30/17, did not receive annual training in infection prevention during the period of 3/30/19, through 3/30/20. NA Employee E14 had a hire date of 11/1/17, did not receive annual training in infection prevention during the period of 11/1/18, through 11/1/19. NA Employee E15 had a hire date of 3/31/08, did	F 0838		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
FORM APPROVED
2567-L

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F 0838 SS=E	<p>Continued from page 21</p> <p>not receive annual training in infection prevention during the period of 3/31/19, through 3/31/20.</p> <p>NA Employee E16 had a hire date of 7/17/95, did not receive annual training in infection prevention during the period of 7/17/18, through 7/17/19.</p> <p>NA Employee E17 had a hire date of 9/8/14, did not receive annual training in infection prevention during the period of 9/8/18, through 9/8/19.</p> <p>During an interview on 5/3/20, at 8:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide the required annual in-service education in infection control for NA Employee E1, E2, E3, E4, E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, E15, E16, and E17.</p> <p>During an interview on 5/5/20, at 2:30 p.m. the Nursing Home Administrator confirmed that the Facility Assessment failed to reveal proper training, assess staff knowledge, skills, and abilities of the</p>	F 0838			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

PRINTED: 9/8/2020
FORM APPROVED
2567-L

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F 0838 SS=E	Continued from page 22 staff to be able to perform work roles successfully in infection control procedures. 28 Pa. Code 201.14(a) Responsibility of licensee Previously cited 2/1/19, 2/6/19, 8/14/19, 9/13/19, 12/13/19 28 Pa. Code 201.18(b)(1) Management Previously cited: 1/28/19, 2/6/19, 5/16/19, 8/14/19, 9/13/19 28 Pa. Code 201.18(b)(3) Management Previously cited: 8/7/18, 10/24/18, 1/28/19, 2/6/19, 8/14/19, 9/13/19 28 Pa. Code 201.18(e)(1) Management Previously cited: 10/24/18, 1/28/19, 2/6/19, 8/14/19, 9/13/19 28 Pa. Code 201.18(e)(2) Management 28 Pa. Code 201.20(a)(c) Staff development	F 0838			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

PRINTED: 9/8/2020
FORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/05/2020
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F 0838 SS=E	Continued from page 23 28 Pa. Code 201.29(c)(d) Resident rights Previously cited: 1/28/19, 9/13/19 28 Pa. Code 211.12(c) Nursing services Previously cited: 12/14/18, 9/13/19	F 0838			
F 0880 SS=K		F 0880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
FORM APPROVED
2567-L

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F 0880 SS=K	Continued from page 24 483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported;	F 0880	1. An immediate corrective plan was submitted to and accepted by on site surveyors on 05/02/2020. a. The Director of Nursing and/or designees will immediately provide re-education to nursing staff on infection control procedures for cleaning of glucometers, pulse oximeters and thermometers. Re-education will also encompass hand hygiene and glove use to include changing gloves between residents and disease transmission. In addition, nursing staff will be educated on appropriate mask use for resident care and community areas of the center. Staff will complete competencies on education received. i. All nursing staff on duty will be educated prior to leaving their shift today. ii. All incoming nursing staff will be educated prior to starting their shift, ongoing until all nursing staff have received education. iii. A master list of education will be maintained and any outstanding staff, to include agency, will be cross	Completion Date: 06/08/2020 Status: APPROVED Date: 06/03/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
FORM APPROVED
2567-L

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F 0880 SS=K	<p>Continued from page 25</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 0880	<p>referenced upon entry to the facility, those persons identified as not having received education will report to Clinical Leadership on duty for completion of education prior to starting their shift.</p> <ol style="list-style-type: none"> 1. Glucometers, pulse oximeters and thermometers used between resident will be cleaned with disinfectant per manufacturers guidelines. 2. Hand hygiene will be performed before and after each use of glucometers, pulse oximeters and thermometers 3. Hand hygiene will be completed before and after direct care contact with residents to include removal of gloves after each resident. 4. Masks will be donned upon entering the center and worn throughout. Masks may be removed for brief periods of time outside of the resident care areas, while social distancing is respected. <p>b. The Director of Nursing/designee will audit infection control procedures, with a focus on cleaning glucometers, pulse</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

PRINTED: 9/8/2020
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2567-L

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F 0880 SS=K	Continued from page 26	F 0880	<p>oximeters and thermometers, hand hygiene related to changing gloves and proper use of masks every on each shift, 30 observations per day, for 1 month.</p> <p>c. The Quality Assurance Performance Improvement Committee will determine continuation and frequency of auditing after 1 month.</p> <p>1. A master list of education and audits have been maintained per immediate corrective plan.</p> <p>2. All facility staff have been re-educated by DON/designee on the hand hygiene policy and procedure, proper use of PPE's to include gloves, proper storage of bio-hazardous materials, and maintenance of a clean and sanitary environment to prevent cross contamination and the spread of diseases and infections. All nursing staff members continue to be re-educated on proper cleaning and disinfecting of multi-use equipment. All nursing and housekeeping staff have been re-educated by the DON/ Environmental Services</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
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2567-L

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F 0880 SS=K	Continued from page 27	F 0880	<p>Director/designee on the proper handling of clean and dirty linens. All housekeeping staff have been re-educated by the Environmental Services Director/designee on maintaining accessibility to all sinks and adequate supplies for proper hand washing.</p> <p>3. Competencies will be completed by the DON/designee on hand hygiene, proper handling of clean and dirty linens, proper cleaning and disinfecting of multi-use equipment, and proper use of PPE's for all direct care and environmental services staff. Audits will then be completed by DON/ Environmental Services Director/designee weekly times 4 weeks then monthly. Audits will be completed by DON/NHA/designee to ensure social distancing, daily times 1 week then weekly times 3 weeks, then monthly.</p> <p>Comprehensive environmental rounds/audit will be completed by NHA/Environmental Services Director/Designee daily times 1-week, weekly times 3 weeks, then monthly.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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FORM APPROVED
2567-L

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F 0880 SS=K	Continued from page 28	F 0880	Results of the audits, patterns and trends will be reported to the Quality Assurance and Performance Improvement Committee monthly times 3 months.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

PRINTED: 9/8/2020
FORM APPROVED
2567-L

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F 0880 SS=K	<p>Continued from page 29</p> <p>Based on a review of facility policies, manufacturer guidelines, observations, and staff interviews, it was determined that the facility failed to consistently maintain an infection prevention and control program which ensured proper cleaning and disinfecting of multi-use equipment for three of 11 residents (Resident R4, R5, and R6) and that facility staff failed to use proper Personal Protective Equipment (PPE), perform proper hand-hygiene, and store/handle linens in the proper manner to prevent the potential for cross contamination of disease which created the potential for cross-contamination and placed residents of nine of eleven nursing units in Immediate Jeopardy (Two East, Three East, Four East, Two Main, Two West, Four Main, Five Main, Grove Two, and Grove Three).</p> <p>Review of the facility policy "Infection Control Committee By-Laws" dated 8/12/19, indicated the committee's objectives are to control infections within the Center by insuring a clean and healthful environment and to evaluate the infection potential of the related environment.</p>	F 0880		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
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F 0880 SS=K	<p>Continued from page 30</p> <p>Review of the facility policy "Infection Control" dated 8/27/19, indicated the the purpose of isolation is to provide care for the resident, confine the contamination to the smallest area as possible and prevent transmission of the disease, by either direct or indirect contact.</p> <p>Review of the facility policy "Infection Control Isolation" dated 8/27/19, indicated that the purpose of isolation is to prevent contact between between potentially pathogenic micro-organisms and uninfected residents.</p> <p>Review of the facility policy "Standard Precautions-Personal Protective Equipment (PPE)" dated 8/27/19, indicated that the type of PPE should be appropriate for the procedure and the type of exposure anticipated.</p> <p>Review of the facility policy "Hand Hygiene" dated 8/27/19, indicated that the purpose of hand hygiene is to decrease the risk of transmission of infection.</p>	F 0880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
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F 0880 SS=K	<p>Continued from page 31</p> <p>Handwashing is performed when hands are visibly dirty or contaminated with proteinaceous material, are visible soiled with blood or other body fluids, before performing an invasive procedure, and after providing care to a resident.</p> <p>Review of the facility policy "Glucometer Decontamination" (a device used to test the amount of sugar in a person's blood) dated 8/27/19, indicated that the glucometer shall be decontaminated with the facility approved wipes following use on each resident.</p> <p>Review of the glucometer manufacturer's recommendation provided by the facility under "Cleaning and Disinfecting Procedure for the Meter" revealed, the meter should be cleaned and disinfected between each patient. The following products have been approved for cleaning and disinfecting the meter: Dispatch Hospital Cleaner Disinfectant Towels with Bleach, Medline Micro-Kill Disinfecting, Deodorizing, Cleaning Wipes with Alcohol, Clorox Healthcare Bleach</p>	F 0880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 0880 SS=K	<p>Continued from page 32</p> <p>Germicidal and Disinfectant Wipes and Medline Micro-Kill Bleach Germicidal Bleach Wipes.</p> <p>Review of the facility policy "Cleaning, Disinfection and Sterilization" dated 8/27/19, indicated that the purpose is to provide supplies and equipment that are adequately cleaned, disinfected or sterilized. Supplies and equipment will be cleaned immediately after use. Thermometers are cleaned with hospital disinfectant.</p> <p>Review of the facility policy "Glove Use" indicated that gloves are disposable single-use and to perform hand hygiene after removing gloves. Gloves should be used when touching excretions, secretions, blood, body fluids, mucous membranes, handling potentially contaminated items, when hands will possible come in contact with blood, body fluids, or other potentially infectious material.</p> <p>Review of the facility policy "Laundry Collection" dated 8/27/19, indicated that soiled linen carts are to be covered while in resident areas.</p>	F 0880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
FORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/05/2020
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009			
STATE LICENSE NUMBER: 020802					
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F 0880 SS=K	<p>Continued from page 33</p> <p>During an observation on 5/1/20, at 4:35 p.m. Receptionist Employee E28 was sitting at the desk at the Main Entrance eating a meal without a mask on and two staff members who were not wearing masks walked past Receptionist Employee E28 less than 6 foot distance.</p> <p>During an interview on 5/1/20, at 4:40 p.m. with Receptionist Employee E28 and Nursing Assistant (NA) Employee E29-(who was monitoring staff members enter building) confirmed that the two staff members and Receptionist E28 failed to wear proper Personal Protective Equipment (PPE) while in the building which created the potential for cross-contamination and the spread of disease and infections.</p> <p>During an observation on 5/1/20, at 4:45 p.m. on the 2 West Nursing Unit, Licensed Practical Nurse (LPN) Employee E30 exited a resident room, removed gloves, touched equipment on medication cart, pick up pen and wrote on paper, then typed on</p>	F 0880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/05/2020
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER STATE LICENSE NUMBER: 020802			STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009		
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F 0880 SS=K	<p>Continued from page 34</p> <p>keyboard, then pushed medication cart down the hallway, failing to perform hand hygiene after glove removal.</p> <p>During an interview on 5/1/20, at 4:55 p.m. LPN Employee E30 confirmed that by failing to perform hand hygiene after removal of gloves which created the potential for the possibility of cross contamination and the spread of disease and infections.</p> <p>During an observation on 5/1/20, at 4:56 p.m. of the 2 West Nursing Unit two linen carts were in the hallway uncovered and open to air.</p> <p>During an interview on 5/1/20, at 4:56 p.m. LPN Unit Manager Employee E31 confirmed that leaving linen exposed creates the potential for cross-contamination and the spread of disease and infection.</p> <p>During an observation on 5/1/20, at 4:50 p.m. of the Grove 2 soiled Utility room there was no soap or</p>	F 0880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
FORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/05/2020
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009			
STATE LICENSE NUMBER: 020802					
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F 0880 SS=K	<p>Continued from page 35</p> <p>paper towels at the handwashing sink.</p> <p>During an interview on 5/1/20, at 4:54 p.m. LPN Unit Manager Employee E31 confirmed that the facility failed to provide the proper supplies to perform handwashing which creates the potential for cross-contamination and the spread of disease and infection.</p> <p>During an observation on 5/1/20, at 5:06 p.m. of the Grove 3 Nursing Unit the following was observed:</p> <ul style="list-style-type: none"> -open drink can on top of the medication cart in the hallway. -NA Employee E32 walked out of resident room, removed gloves, towel from clean linen cart and returned back to room to provide care. -NA Employee E33 was walking in the unit hallway with mask down around chin. <p>During an interview on 5/1/20, at 5:25 p.m. LPN Employee E34, NA Employee E32 and E33 confirmed that leaving open drinks in resident care areas, failing to properly perform hand hygiene after</p>	F 0880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

PRINTED: 9/8/2020
FORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 05/05/2020
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009		
STATE LICENSE NUMBER: 020802				
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F 0880 SS=K	<p>Continued from page 36</p> <p>glove removal and failing to wear PPE- mask in the proper manner create the potential for cross-contamination and the spread of disease and infection.</p> <p>During an observation on 5/1/20, at 4:42 p.m. Resident R2 was laying in his bed. Food spillage was present on the floor next to Resident R2's bed, the waste basket in the room was overflowing onto the floor, and used gloves were present on the floor.</p> <p>During an observation on 5/1/20, at 4:52 p.m. the floor next to Resident R3's bed had food spilled on it.</p> <p>During an observation on 5/1/20, at 4:56 p.m. Registered Nurse (RN) Employee E18 entered Room 518 with gloves on and used a glucometer to obtain Resident R4's blood sugar level. After completing the check, RN Employee E18 cleaned the glucometer with hand sanitizer, and a brown paper towel. At this time, RN Employee E18 proceeded across the room to Resident R5, and</p>	F 0880		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
FORM APPROVED
2567-L

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NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009		
STATE LICENSE NUMBER: 020802				
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F 0880 SS=K	<p>Continued from page 37</p> <p>without changing gloves or performing hand hygiene, obtained Resident R5's blood sugar level, and again cleaned the glucometer with hand sanitizer and a brown paper towel. RN Employee E18 did not remove her gloves or perform hand hygiene.</p> <p>During an observation on 5/1/20, at 5:00 p.m., RN Employee E18 exited Room 518, proceeded down the hall to the medication cart outside the nurses' station, unlocked the cart, and looked through multiple drawers on the cart. RN Employee E18 then changed gloves, using hand sanitizer prior to putting new gloves on.</p> <p>During an observation on 5/1/20, at 5:03 p.m. Registered Nurse (RN) Employee E18 entered Room 524 with gloves on and used a glucometer to obtain Resident R6's blood sugar level. After completing the check, RN Employee E18 cleaned the glucometer with hand sanitizer, and a brown paper towel.</p> <p>During an observation on 5/1/20, between 5:08</p>	F 0880		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
FORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/05/2020
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009			
STATE LICENSE NUMBER: 020802					
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F 0880 SS=K	Continued from page 38 p.m. and 5:14 p.m. Nurse Aide (NA) Employee E13 entered Resident R7's (diagnosed with COVID-19) room while wearing gloves with a temporal thermometer (a type of thermometer that is slid across the skin on the forehead to take body temperature) and pulse oximeter (a small handheld device that encloses a patient's fingertip and measures the oxygen saturation in the blood), setting them on the overbed table. NA Employee E13 exited Room 525 with a half full urinal, which she brought to the soiled utility room down the hall. NA Employee 13 entered the soiled utility room, and promptly exited it with an empty urinal. NA Employee E13 reentered Resident R7's room and proceeded to obtain Resident R7's temperature and oxygen saturation. NA Employee 13 exited Room 525, and entered Room 526, obtaining Resident R8's and Resident R9's temperature and oxygen saturation. Residents R8 and R9 have not been diagnosed with COVID-19. Throughout this observation, NA Employee 13 did not remove her gloves, perform hand hygiene, or clean her equipment between patients.	F 0880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 05/05/2020
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009		
STATE LICENSE NUMBER: 020802				
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F 0880 SS=K	<p>Continued from page 39</p> <p>During an interview on 5/1/20, at 6:05 p.m. RN Employee E18 confirmed that she failed to use an approved disinfectant to clean the glucometer and confirmed that NA Employee E13 failed to change gloves, perform hand hygiene, and confirmed that by not disinfecting the equipment between patients, created the possibility of cross contamination between residents.</p> <p>During an observation on 5/1/20, between 5:25 p.m. through 5:50 p.m. on the Four Main nursing unit, the following was observed:</p> <ul style="list-style-type: none"> -The large 4M North linen cart had four uncovered pillows on top of it. -The patient restroom on Four Main North had no paper towels, and one cloth towel hanging on a hook next to the sink, with its ends draped against a garbage can. -Room 404 had dirty gloves in the sink. -The soiled linen hampers in the hallway were open, and partially full. -The Four South medication cart did not have 	F 0880		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:	(X3) DATE SURVEY COMPLETED: 05/05/2020
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009		
STATE LICENSE NUMBER: 020802				
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F 0880 SS=K	<p>Continued from page 40</p> <p>supplies to correctly clean the glucometer.</p> <p>-The patient restroom on Four Main South had an inoperable paper towel dispenser.</p> <p>-The large 4M South linen cart had its cover folded behind the cart, exposing all of the clean linen.</p> <p>During an interview on 5/1/20, at 5:50 p.m. LPN Employee E19 confirmed the above observations on the Four Main nursing unit.</p> <p>During an observation on 5/2/20, between 12:35 p.m. through 1:05 p.m. on the Three Main nursing unit, the following was observed:</p> <p>-One uncovered small linen cart in the North hall.</p> <p>-Room 310 had dirty linen on the floor.</p> <p>-Room 304 had a bag of green soap on the patient sink.</p> <p>-The soiled utility room in the South hall did not have running cold water.</p> <p>-One partially covered small linen cart in the South hall.</p> <p>During an interview on 5/2/20, at 1:05 p.m. LPN</p>	F 0880		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
FORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/05/2020
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009		
STATE LICENSE NUMBER: 020802					
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F 0880 SS=K	<p>Continued from page 41</p> <p>Employee E25 confirmed the above observations on the Three Main nursing unit.</p> <p>During an observation on 5/4/20, between 8:00 p.m. through 8:10 p.m. on the Five Main nursing unit, the following was observed:</p> <ul style="list-style-type: none"> -Room 506 had food spillage on the floor. -NA Employee E13 placing soiled linen in the hallway hamper without gloves on. <p>During an interview on 5/4/20, at 8:10 p.m. LPN Employee E26 confirmed the above observations on the Five Main nursing unit.</p> <p>During an observation on 5/4/20, between 8:15 p.m. through 8:30 p.m. on the Four Main nursing unit, the following was observed:</p> <ul style="list-style-type: none"> -The small 4M South linen carts only partially covered. -Two large clear bags of personal clothing labeled with Resident R8's name, in wheelchair in the hallway. -The small 4M North linen cart was uncovered. 	F 0880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
FORM APPROVED
2567-L

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STATE LICENSE NUMBER: 020802					
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F 0880 SS=K	<p>Continued from page 42</p> <p>-NA Employee E27 carried soiled linen to the hallway linen hamper without gloves, then removed clean linen from the linen cart without performing hand hygiene.</p> <p>During an interview on 5/4/20, at 8:30 p.m. LPN Employee E19 confirmed the above observations of the linen carts on the Four Main nursing unit, and confirmed that NA Employee E27 did not use correct hand hygiene when carrying soiled and clean linen.</p> <p>During an observation on 5/4/20, between 8:35 p.m. through 8:50 p.m. on the Two Main nursing unit, the following was observed:</p> <p>-The 2M South patient restroom had multiple soiled towels in the sink, and a visibly soiled washcloth on the floor. Additionally, a partially full soiled linen bag was on the floor next to the restroom hopper.</p> <p>During an interview on 5/4/20, at 8:50 p.m. LPN Employee E22 confirmed the above observations on</p>	F 0880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/05/2020
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STATE LICENSE NUMBER: 020802					
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F 0880 SS=K	<p>Continued from page 43</p> <p>the Two Main nursing unit.</p> <p>During an observation on 5/5/20, between 1:55 p.m. through 2:05 p.m. on the Two Main nursing unit, the following was observed:</p> <p>-The 2M South patient restroom had a soiled brief rolled up, placed on top of a cart labeled infectious waste, next to a small black, partially full plastic bag.</p> <p>During an interview on 5/5/20, at 2:05 p.m. Environmental Services Employee E23 confirmed the above observations on the Two Main nursing unit.</p> <p>On 5/2/20, at 4:45 p.m. the Nursing Home Administrator and DON were informed of Immediate Jeopardy at the facility and a request for a written Corrective Action Plan.</p> <p>On 5/2/20, at 10:43 p.m. the Corrective Action Plan was approved which included the following interventions:</p>	F 0880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/05/2020
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F 0880 SS=K	Continued from page 44 1. The Director of Nursing and/or designees will immediately provide re-education to nursing staff on infection control procedures for cleaning of glucometers, pulse oximeter and thermometers. Re-education will also encompass hand hygiene and glove use to include changing gloves between residents and disease transmission. In addition, nursing staff will be educated on appropriate mask use for resident care and community areas of the center. Staff will complete competencies on education received. a. All nursing staff on duty will be educated prior to leaving their shift today. b. All incoming nursing staff will be educated prior to starting their shift, ongoing until all nursing staff have been educated. c. A master list of education will be maintained and any outstanding staff, to include agency, will be cross referenced upon entry to the facility, those persons identified as not having received education will report to Clinical Leadership on duty for completion of education; prior to starting their shift.	F 0880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
FORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/05/2020
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STATE LICENSE NUMBER: 020802					
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F 0880 SS=K	Continued from page 45 i. Glucometers, pulse oximeter, and thermometers used between residents will be cleaned with disinfectant per manufacturers' guidelines. ii. Hand hygiene will be performed before and after each use of glucometers, pulse oximeter and thermometers. iii. Hand hygiene will be completed before and after direct care contact with residents to include removal of gloves after each resident. iv. Masks will be donned upon entering and worn throughout. Masks may be removed for brief periods outside of the resident care areas, while social distancing is respected. 2. The Director of Nursing/designee will audit infection control procedures, with a focus on cleaning glucometers, pulse oximeter and thermometers, hand hygiene related to changing gloves and proper use of masks on every shift, 30 observations per day, for 1 month. 3. The Quality Assurance Performance Improvement Committee will determine continuation and frequency of auditing after 1 month.	F 0880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

PRINTED: 9/8/2020
FORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:	(X3) DATE SURVEY COMPLETED: 05/05/2020
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F 0880 SS=K	<p>Continued from page 46</p> <p>On May 5, 2020, at 4:00 p.m. during an on-site survey, verification was made that the Corrective Action Plan was being implemented. It was verified that the facility immediately re-educated the nursing staff on infection control procedures for cleaning glucometers, pulse oximeters, thermometers, hand hygiene, glove use and appropriate use of PPE. The staff did complete competencies on education they received. All nursing staff on duty were educated prior to leaving their shift and incoming nursing staff were educated prior to starting their shift. Observations of the staff using glucometers, pulse oximeters, and thermometers and cleaning with disinfectant per manufacturers' guidelines were conducted. Observations of proper hand hygiene, use of proper PPE and social distancing were conducted. Observations of the management team conducting audits of the infection control procedures was conducted.</p> <p>The NHA was notified that the Immediate Jeopardy was lifted.</p>	F 0880		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONPRINTED: 9/8/2020
FORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/05/2020
NAME OF PROVIDER OR SUPPLIER: BRIGHTON REHABILITATION AND WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 246 FRIENDSHIP CIRCLE BEAVER, PA 15009			
STATE LICENSE NUMBER: 020802					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0880 SS=K	Continued from page 47 28 Pa. Code 201.14(a) Responsibility of licensee. Previously cited 2/16/19. 28 Pa. Code 201.18(b)(1) Management. Previously cited 2/16/19. 28 Pa. Code 201.18(b)(3) Management. Previously cited 2/16/19. 28 Pa. Code 201.18(e)(1) Management. Previously cited 2/16/19. 28 Pa. Code 207.2(a) Administrator's responsibility. Previously cited 2/16/19. 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(5) Nursing services.	F 0880			

PRINTED: 9/8/2020

FORM APPROVED

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 05/05/2020
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P 0555		P 0555		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:	(X6) DATE:

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING:	(X3) DATE SURVEY COMPLETED: 05/05/2020
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P 0555	<p>Continued from page 1</p> <p>§ 201.20(c) Staff development.</p> <p>(c) There shall be at least annual inservice training which includes at least infection prevention and control, fire prevention and safety, accident prevention, disaster preparedness, resident confidential information, resident psychosocial needs, restorative nursing techniques and resident rights, including personal property rights, privacy, preservation of dignity and the prevention and reporting of resident abuse.</p> <p>This REGULATION is not met as evidenced by:</p>	P 0555	<p>1. The facility cannot retroactively provide annual in-service education in infection control for employees; E1, E2, E3, E4, E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, E15, E16, AND E17.</p> <p>2. All employees have been re-educated on the facilities infection prevention program.</p> <p>3. The facilities annual in-servicing policy and program has been reviewed and updated to include at least infection prevention and control, fire prevention and safety, accident prevention, disaster preparedness, resident confidential information, resident psychosocial needs, restorative nursing techniques and resident rights, including personal property rights, privacy, preservation of dignity and the prevention and reporting of resident abuse.</p> <p>4. The DON/designee will conduct audits monthly times six months to ensure all annual training and new</p>	<p>Completion Date: 06/08/2020 Status: APPROVED Date: 06/03/2020</p>

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/05/2020
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P 0555	Continued from page 2	P 0555	<p>hire training has been completed, to include at least infection prevention and control, fire prevention and safety, accident prevention, disaster preparedness, resident confidential information, resident psychosocial needs, restorative nursing techniques and resident rights, including personal property rights, privacy, preservation of dignity and the prevention and reporting of resident abuse.</p> <p>Results of the audits, patterns and trends will be reported to the Quality Assurance and Performance Improvement Committee monthly times 3 months.</p>		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 05/05/2020
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P 0555	<p>Continued from page 3</p> <p>Based on review of staff education records, and staff interviews, it was determined that the facility failed to conduct required areas of in-service education, within 12 months of their hire date anniversary, for nurse aides as required for 17 of 70 nurse aides (Employees E1, E2, E3, E4, E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, E15, E16, and E17).</p> <p>Finding include:</p> <p>A review of the facility "Infection Prevention Program Overview" dated 9/1/18, and last reviewed by the facility on 8/27/19, indicated that training of staff in infection prevention occurs at least annually.</p> <p>Review of Nurse Aide (NA) Employees E1, E2, E3, E4, E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, E15, E16, and E17's education records with hire date greater than 12 months revealed the following:</p> <p>NA Employee E1 had a hire date of 9/7/14, did not</p>	P 0555		

Pennsylvania Department of Health

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P 0555	Continued from page 4 receive annual training in infection prevention during the period of 9/7/18/18, through 9/7/19. NA Employee E2 had a hire date of 9/4/17, did not receive annual training in infection prevention during the period of 9/4/18, through 9/4/19. NA Employee E3 had a hire date of 9/10/12, did not receive annual training in infection prevention during the period of 9/10/18, through 9/10/19. NA Employee E4 had a hire date of 10/31/11, did not receive annual training in infection prevention during the period of 10/31/18, through 10/31/19. NA Employee E5 had a hire date of 11/1/17, did not receive annual training in infection prevention during the period of 11/1/18, through 11/1/19. NA Employee E6 had a hire date of 6/2/18, did not receive annual training in infection prevention during the period of 6/2/18, through 6/2/19.	P 0555		

Pennsylvania Department of Health

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P 0555	<p>Continued from page 5</p> <p>NA Employee E7 had a hire date of 7/14/14, did not receive annual training in infection prevention during the period of 11/15/18, through 11/15/19.</p> <p>NA Employee E8 had a hire date of 1/2/16, did not receive annual training in infection prevention during the period of 1/2/19, through 1/2/20.</p> <p>NA Employee E9 had a hire date of 7/6/87, did not receive annual training in infection prevention during the period of 7/6/18, through 7/6/19.</p> <p>NA Employee E10 had a hire date of 7/28/14, did not receive annual training in infection prevention during the period of 7/28/18, through 7/28/19.</p> <p>NA Employee E11 had a hire date of 1/7/15, did not receive annual training in infection prevention during the period of 1/7/19, through 1/7/20.</p> <p>NA Employee E12 had a hire date of 8/16/99, did not receive annual training in infection prevention during the period of 8/16/18, through 8/16/19.</p>	P 0555		

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P 0555	<p>Continued from page 6</p> <p>NA Employee E13 had a hire date of 3/30/17, did not receive annual training in infection prevention during the period of 3/30/19, through 3/30/20.</p> <p>NA Employee E14 had a hire date of 11/1/17, did not receive annual training in infection prevention during the period of 11/1/18, through 11/1/19.</p> <p>NA Employee E15 had a hire date of 3/31/08, did not receive annual training in infection prevention during the period of 3/31/19, through 3/31/20.</p> <p>NA Employee E16 had a hire date of 7/17/95, did not receive annual training in infection prevention during the period of 7/17/18, through 7/17/19.</p> <p>NA Employee E17 had a hire date of 9/8/14, did not receive annual training in infection prevention during the period of 9/8/18, through 9/8/19.</p> <p>During an interview on 5/3/20, at 8:00 p.m. the</p>	P 0555		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395015	(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/05/2020
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P 0555	Continued from page 7 Nursing Home Administrator confirmed that the facility failed to provide the required annual in-service education in infection control for NA Employee E1, E2, E3, E4, E5, E6, E7, E8, E9, E10, E11, E12, E13, E14, E15, E16, and E17.	P 0555			



Certified End Page

BRIGHTON REHABILITATION AND WELLNESS CENTER

STATE LICENSE NUMBER: 020802

SURVEY EXIT DATE: 05/05/2020

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script, reading "Susan Coble".

Susan Coble
Deputy Secretary for Quality Assurance

A handwritten signature in cursive script, reading "Rachel L. Levine, MD".

Rachel L. Levine, MD
Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY

Disclaimer:

The numbers in the table below reflect cumulative counts of cases of COVID-19 that are part of an outbreak investigation at, or have the same residential address as a campus or facility that includes a licensed skilled nursing facility (SNF) and/or a personal care home (PCH). Many facilities offer different levels of care at the same location. For example, a rehab facility, skilled nursing facility, and assisted living may all be located on the same campus. From the data received by PA-NEDSS, it is usually not possible to determine which part of the facility the case is associated with. Thus, the case counts in the table may not correctly capture the number of cases within that specific licensed facility. It is also usually not possible from the PA-NEDSS data to determine where the case was when they were exposed or became symptomatic. The original intent of this table was to identify locations that may have cases associated with them and potentially need public health support. Staff numbers reflect cumulative counts of staff members who are a COVID-19 case who reported to a public health investigator that they worked at the facility or campus they are attributed to. Some staff members work at multiple facilities and for the purpose of this report, staff members are attributed to one facility to prevent double counting.

* Indicates less than 5 cases

DHSP CH is a DHS regulated facility

PADOH LTC is a DOH regulated facility

ID	Type	NAME	COUNTY	CITY	Number Of Residents/Inpatients Cases	Number Of Employee Cases	Number Of Deaths	Data Source
3010060100	DHSPCH	CROSS KEYS VILLAGE THE BRETHREN HOME COMMUNIT	ADAMS	NEW OXFORD	*	*	0	PA-NEDSS
3011060176	DHSPCH	PARAMOUNT SENIOR LIVING AT CHAMBERSBURG ROAD	ADAMS	FAYETTEVILLE	*	0	0	PA-NEDSS
3010060102	DHSPCH	SPIRIT TRUST LUTHERAN THE VILLAGE AT GETTYSBURG	ADAMS	GETTYSBURG	*	0	0	PA-NEDSS
420102	PADOH LTC	PARAMOUNT NURSING & REHAB FAYETTEVILLE	ADAMS	FAYETTEVILLE	25	5	5	PA-NEDSS
4021060334	DHSPCH	ANGELS 211 LLC	ALLEGHENY	SHARPSBURG	*	0	0	PA-NEDSS
4021060285	DHSPCH	ADORN COURTS OF NORTH HILLS	ALLEGHENY	PITTSBURGH	13	*	0	PA-NEDSS
4021060390	DHSPCH	GRACE MANOR AT NORTH PARK	ALLEGHENY	ALISON PARK	16	*	9	PA-NEDSS
4020060046	DHSPCH	MON YOUGH COMMUNITY SERVICES	ALLEGHENY	MCKESPORT	0	*	0	PA-NEDSS
4021060385	DHSPCH	OVERLOOK GREEN	ALLEGHENY	PITTSBURGH	0	*	0	PA-NEDSS
4021060392	DHSPCH	PARAMOUNT SENIOR LIVING AT BETHEL PARK	ALLEGHENY	BETHEL PARK	0	*	0	PA-NEDSS
4020060068	DHSPCH	PROVIDENCE POINT	ALLEGHENY	PITTSBURGH	18	*	7	PA-NEDSS
4021060379	DHSPCH	QUIET RIDGE MANOR GROUP	ALLEGHENY	MCKESPORT	*	0	0	PA-NEDSS
4020060015	DHSPCH	REFORMED PRESBYTERIAN HOME	ALLEGHENY	PITTSBURGH	10	*	0	PA-NEDSS
4021060322	DHSPCH	VILLAGE AT PENNWOOD	ALLEGHENY	PITTSBURGH	0	*	0	PA-NEDSS
280102	PADOH LTC	BAPTIST HOMES OF WESTERN PENNSYLVANIA	ALLEGHENY	BRIDGEMILE	0	*	0	PA-NEDSS
123402	PADOH LTC	BRIDGEVILLE REHABILITATION & CARE CENTER	ALLEGHENY	CORACOPOLIS	65	22	28	PA-NEDSS
198602	PADOH LTC	CARING HEIGHTS COMMUNITY CARE & REHAB CTR	ALLEGHENY	PITTSBURGH	0	*	0	PA-NEDSS
101602	PADOH LTC	CHARLES MORRIS NURSING & REHAB CENTER	ALLEGHENY	PITTSBURGH	*	0	0	PA-NEDSS
050302	PADOH LTC	ELDERCREST HEALTHCARE & REHAB CENTER	ALLEGHENY	PITTSBURGH	*	0	0	PA-NEDSS
060402	PADOH LTC	FORBES CENTER FOR REHAB & HEALTHCARE	ALLEGHENY	CHESWICK	*	0	0	PA-NEDSS
077802	PADOH LTC	HARMAR VILLAGE CARE CENTER	ALLEGHENY	JEFFERSON HILLS	*	0	*	PA-NEDSS
100202	PADOH LTC	JEFFERSON HILLS HEALTHCARE & REHAB CTR	ALLEGHENY	PITTSBURGH	105	30	21	PA-NEDSS
364802	PADOH LTC	JOHN J KANE REGIONAL CENTER GLEN HAZEL	ALLEGHENY	MCKESPORT	0	*	0	PA-NEDSS
364702	PADOH LTC	JOHN J KANE REGIONAL CENTER MCKESPORT	ALLEGHENY	PITTSBURGH	0	*	0	PA-NEDSS
365002	PADOH LTC	JOHN J KANE REGIONAL CENTER ROSS TWP	ALLEGHENY	PITTSBURGH	0	*	0	PA-NEDSS
364902	PADOH LTC	JOHN J KANE REGIONAL CENTER SCOTT TWP	ALLEGHENY	JEFFERSON HILLS	12	*	*	PA-NEDSS
024002	PADOH LTC	LAWSON NURSING HOME INC	ALLEGHENY	PITTSBURGH	26	*	0	PA-NEDSS
140102	PADOH LTC	MANORCARE HEALTH SERVICES PITTSBURGH	ALLEGHENY	PITTSBURGH	53	7	0	PA-NEDSS
090302	PADOH LTC	MANORCARE HEALTH SERVICES SHADYSIDE	ALLEGHENY	PITTSBURGH	0	0	0	PA-NEDSS
070302	PADOH LTC	MARIAN MANOR CORPORATION	ALLEGHENY	BRACKENRIDGE	*	0	0	PA-NEDSS
21600201	PADOH LTC	PLATINUM RIDGE CTR FOR REHAB AND HEALING	ALLEGHENY	PITTSBURGH	5	7	0	PA-NEDSS
183002	PADOH LTC	PROVIDENCE POINT HEALTHCARE RESIDENCE	ALLEGHENY	PITTSBURGH	0	0	0	PA-NEDSS
452302	PADOH LTC	REFORMED PRESBYTERIAN HOME	ALLEGHENY	PITTSBURGH	0	0	0	PA-NEDSS
068802	PADOH LTC	SOUTHWESTERN NURSING CENTER	ALLEGHENY	PITTSBURGH	0	0	0	PA-NEDSS
710302	PADOH LTC	SOUTHWESTERN VETERANS CENTER	ALLEGHENY	PITTSBURGH	62	14	31	PA-NEDSS
016002	PADOH LTC	ST BARNABAS NURSING HOME	ALLEGHENY	GIBSONIA	42	11	10	PA-NEDSS
	PADOH LTC	VILLAGE AT PENNWOOD	ALLEGHENY	WILKINSBURG				

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EXHIBIT

6

221002	PADOLITCF	VINCENIAN HOME	ALLEGHENY	PITTSBURGH	*		0		0	PANEDSS
403006003	DHSPCH	PARKER PERSONAL CARE FACILITY	ARMSTRONG	PARKER	6		6		*	PANEDSS
020802	PADOLITCF	BRIGHTON REHAB AND WELLNESS CENTER	BEAVER	BEAVER	368		31		0	PANEDSS
069302	PADOLITCF	CONCORDIA AT VILAST JOSEPH	BEAVER	BADER	*		*		0	PANEDSS
189902	PADOLITCF	ROCHESTER MAJOR	BEAVER	ROCHESTER	*		0		0	PANEDSS
2061060038	DHSPCH	BERKSHIRE COMMONS GENESIS HEALTHCARE	BERKS	READING	*		0		0	PANEDSS
2061030001	DHSPCH	COLUMBIA COTTAGE WYOMISSING LLC	BERKS	WYOMISSING	0		0		0	PANEDSS
2061060010	DHSPCH	COUNTRY MEADOWS OF WYOMISSING II	BERKS	WYOMISSING	40		5		10	PANEDSS
2061060007	DHSPCH	DOWN ON THE FARM ADULT DAYCARE	BERKS	DOUGLASSVILLE	*		*		0	PANEDSS
2061060050	DHSPCH	KESTONE VILLAGE AT DOUGLASSVILLE PERSONAL CARE	BERKS	DOUGLASSVILLE	*		0		*	PANEDSS
2061060039	DHSPCH	LAUREL CENTER	BERKS	HAMBURG	5		*		0	PANEDSS
2061060043	DHSPCH	MADENCREEK PLACE	BERKS	READING	*		0		*	PANEDSS
2060060002	DHSPCH	ATTENHOUSE VILLAGE AT MOHLERBERG	BERKS	READING	*		0		0	PANEDSS
2060060003	DHSPCH	THE BUEHLER CENTER	BERKS	TOPCON	*		0		0	PANEDSS
021202	PADOLITCF	THE HAMTHORNE HOME	BERKS	READING	34		*		*	PANEDSS
044502	PADOLITCF	BERKS HERM NURSING & REHABILITATION	BERKS	LEESPORT	60		13		14	PANEDSS
026202	PADOLITCF	PARLANE GARDENS NURSING & REHAB READING	BERKS	READING	75		9		21	PANEDSS
089602	PADOLITCF	HIGHLANDS AT WYOMISSING	BERKS	READING	21		8		0	PANEDSS
111702	PADOLITCF	KUZZTOWN MAJOR INC	BERKS	WYOMISSING	26		6		6	PANEDSS
123902	PADOLITCF	LAUREL CENTER	BERKS	KUZZTOWN	39		*		17	PANEDSS
643102	PADOLITCF	LUTHERAN HOME AT TOPCON	BERKS	HAMBURG	13		0		*	PANEDSS
903502	PADOLITCF	MANORCARE HEALTH SERVICES LAUREL DALE	BERKS	TOPCON	34		9		6	PANEDSS
380702	PADOLITCF	MANORCARE HEALTH SERVICES SINKING SPRING	BERKS	LAUREL DALE	157		*		0	PANEDSS
902202	PADOLITCF	MANORCARE HEALTH SERVICES WEST READING	BERKS	SINKING SPRING	131		22		44	PANEDSS
081002	PADOLITCF	MIFFLIN CENTER	BERKS	WEST READING	46		18		14	PANEDSS
167802	PADOLITCF	PHOEBE BERKS HEALTH CARE CENTER INC	BERKS	SHILLINGTON	28		15		4	PANEDSS
180302	PADOLITCF	SPRUCE MANOR NURSING & REHAB CENTER	BERKS	WERNERSVILLE	50		13		13	PANEDSS
440402	PADOLITCF	TRANSITIONAL SUB-ACUTE UNIT	BERKS	WEST READING	*		0		*	PANEDSS
232202	PADOLITCF	WYOMISSING HEALTH & REHAB CENTER	BERKS	WYOMISSING	18		0		0	PANEDSS
1091060078	DHSPCH	ALLEGRIA AT THE OAKS	BUCKS	BENSALTEM	8		8		5	PANEDSS
1090030002	DHSPCH	ANNS CHOICE	BUCKS	WARMINSTER	*		*		0	PANEDSS
1091060050	DHSPCH	ARDEN COURTS OF WARMINSTER	BUCKS	HATBORO	41		0		0	PANEDSS
1090600039	DHSPCH	BEECHWOOD CENTER 8	BUCKS	YARBLEY	*		5		23	PANEDSS
1091060079	DHSPCH	BRISTOL HOUSE MEMORY CARE	BUCKS	LANGHORNE	0		0		0	PANEDSS
1090600031	DHSPCH	CHANDLER HALL HEALTH SERVICES INC HICKS	BUCKS	WARMINSTON	*		0		0	PANEDSS
1090600038	DHSPCH	CHRIST HOME RETIREMENT COMMUNITY	BUCKS	NEW TOWN	*		0		0	PANEDSS
1091060070	DHSPCH	HIDDEN MEADOWS ON THE RIDGE	BUCKS	WARMINSTER	0		0		0	PANEDSS
1091060057	DHSPCH	HIDDEN MEADOWS ON THE RIDGE SENIOR LIVING COM	BUCKS	SELLERSVILLE	6		0		0	PANEDSS
1091060053	DHSPCH	LEGACY GARDENS OF BRISTOL	BUCKS	SELLERSVILLE	10		0		*	PANEDSS
1091060080	DHSPCH	NEWSEASONS AT NEW BRITAIN	BUCKS	CHALFONT	*		*		7	PANEDSS
1090030001	DHSPCH	OAKBRIDGE TERRACE AT SOUTHAMPTON ESTATES	BUCKS	SOUTHAMPTON	7		0		*	PANEDSS
1091060022	DHSPCH	SUCCESS REHABILITATION AT ROCK RIDGE	BUCKS	QUAKERTOWN	0		*		0	PANEDSS
1091060066	DHSPCH	SUNRISE SENIOR LIVING OF LOWER MAKEFIELD	BUCKS	YARBLEY	*		*		0	PANEDSS
1091030001	DHSPCH	SWAPHONY MANOR OF FEASTERTOWN	BUCKS	FEASTERTOWN	3		*		*	PANEDSS
1091060074	DHSPCH	THE BIRCHES AT NEW TOWN	BUCKS	NEW TOWN	24		10		12	PANEDSS
1091060077	DHSPCH	THE BRIDGES AT WARWICK	BUCKS	JAMISON	22		0		*	PANEDSS
1091060067	DHSPCH	THE BRUNSWICK AT ATTENBORO	BUCKS	LANGHORNE	5		*		*	PANEDSS
1090600035	DHSPCH	THE GARDEN AT PINE RUN HEALTH CENTER	BUCKS	DOYLESTOWN	*		0		0	PANEDSS
1091060084	DHSPCH	THE LANDING OF SOUTHAMPTON	BUCKS	SOUTHAMPTON	*		*		0	PANEDSS
1091060072	DHSPCH	THE SOLANA DONE ESTOWN	BUCKS	WARRINGTON	*		*		*	PANEDSS
1090600023	DHSPCH	TWINING VILLAGE	BUCKS	HOLLAND	0		0		*	PANEDSS
1091060088	DHSPCH	WOODBOLINE PLACE	BUCKS	LEWISTOWN	6		*		*	PANEDSS
18860201	PADOLITCF	ANNS CHOICE	BUCKS	WARMINSTER	*		*		0	PANEDSS

014002	PADOLTCF	ATTLBORO NURSING & REHABILITATION CTR	BUCKS	LANGHORNE		55	17	12	PANEDSS
024302	PADOLTCF	BELLEHAVEN HEALTHCARE & REHAB CENTER	BUCKS	QUACKERTOWN		29	8	8	PANEDSS
331402	PADOLTCF	BRIARLEAF NURSING & CONVALESCENT CTR INC	BUCKS	DOYLESTOWN		93	7	20	PANEDSS
023802	PADOLTCF	BUCKINGHAM VALLEY REHAB & NURSING CENTER	BUCKS	NEWTOWN		47	10	10	PANEDSS
031402	PADOLTCF	CHANDLER HALL HEALTH SERVICES	BUCKS	NEWTOWN		6	*	*	PANEDSS
550202	PADOLTCF	CHRIST'S HOME RETIREMENT COMMUNITY	BUCKS	WARRMINSTER		9	5	0	PANEDSS
030802	PADOLTCF	CHESTVIEW CENTER	BUCKS	LANGHORNE		116	13	23	PANEDSS
070102	PADOLTCF	GREENLEAF NURSING & CONVALESCENT CENTER	BUCKS	DOYLESTOWN		*	*	*	PANEDSS
040502	PADOLTCF	HARBORVIEW REHAB & CARE CTR DOYLESTOWN	BUCKS	DOYLESTOWN		84	9	8	PANEDSS
233802	PADOLTCF	LUNIPER VILLAGE AT BUCKS-REHAB & SC	BUCKS	BENSLEM		43	22	14	PANEDSS
120702	PADOLTCF	LANGHORNE GARDENS HEALTH & REHAB CENTER	BUCKS	LANGHORNE		50	12	9	PANEDSS
124502	PADOLTCF	LUTHERAN COMMUNITY AT TELFORD	BUCKS	TELFORD		*	*	0	PANEDSS
558802	PADOLTCF	MAESTIC OAKS REHAB & NURSING CENTER	BUCKS	WARRMINSTER		64	5	12	PANEDSS
125802	PADOLTCF	MANORCARE HEALTH SERVICES OXFORD VALLEY	BUCKS	YARDEY		103	31	29	PANEDSS
310102	PADOLTCF	MASONIC VILLAGE AT WARRMINSTER	BUCKS	WARRMINSTER		12	7	6	PANEDSS
140202	PADOLTCF	MESHAMNY MANOR HOME	BUCKS	WARRINGTON		128	43	41	PANEDSS
164002	PADOLTCF	PENNSWOOD VILLAGE	BUCKS	NEWTOWN		*	*	0	PANEDSS
260302	PADOLTCF	PHOEBE RICHARD HEALTH CARE CENTER	BUCKS	RICHLANDTOWN		*	0	0	PANEDSS
680502	PADOLTCF	PINE RUI HEALTH CENTER	BUCKS	DOYLESTOWN		32	7	18	PANEDSS
032802	PADOLTCF	RICHBORO REHABILITATION & NURSING CENTER	BUCKS	RICHBORO		54	7	*	PANEDSS
131902	PADOLTCF	SILVER LAKE CENTER	BUCKS	BRISTOL		57	20	16	PANEDSS
193702	PADOLTCF	STATESMAN HEALTH & REHABILITATION CTR	BUCKS	LEVITTOWN		55	9	11	PANEDSS
182802	PADOLTCF	THE COMMUNITY AT ROCKHILL	BUCKS	SELLERSVILLE		6	*	*	PANEDSS
071202	PADOLTCF	THE COMMUNITY AT ROCKHILL	BUCKS	HOLLAND		38	9	11	PANEDSS
480202	PADOLTCF	VALLEY MANOR REHAB & HEALTHCARE CENTER	BUCKS	COOPERSBURG		123	17	23	PANEDSS
085302	PADOLTCF	WESLEY ENHANCED LIVING - DOYLESTOWN	BUCKS	DOYLESTOWN		42	10	16	PANEDSS
151302	PADOLTCF	WILLOWROCK COURT AT SOUTHAMPTON ESTATE	BUCKS	SOUTHAMPTON		63	14	21	PANEDSS
410060188	PADOLTCF	CONCORDIA AT THE ORCHARD	BUTLER	BUTLER		6	8	*	PANEDSS
711002	PADOLTCF	SAXONY HEALTH CENTER	BUTLER	SAXONBURG		*	*	0	PANEDSS
197002	PADOLTCF	SHERWOOD OAKS	BUTLER	CRANBURY TWP		0	*	0	PANEDSS
970102	PADOLTCF	SUNNYSIDE NURSING & REHABILITATION CTR	BUTLER	BUTLER		0	0	0	PANEDSS
051302	PADOLTCF	THE GROVE AT HARMONY	BUTLER	HARMONY		0	*	0	PANEDSS
022102	PADOLTCF	TRANSITIONS HEALTHCARE AUTUMN GROVE CARE CTR	BUTLER	HARRISVILLE		*	0	0	PANEDSS
340102	PADOLTCF	MAIDA HEALTHCARE AND REHAB CENTER	CAMBRIA	HASTINGS		*	0	0	PANEDSS
130202	PADOLTCF	MAHONING VALLEY NURSING & REHAB CENTER	CARBON	LEIGHTON		0	*	0	PANEDSS
030602	PADOLTCF	WEATHERWOOD HEALTHCARE & REHAB CENTER	CARBON	WEATHERLY		58	5	14	PANEDSS
214060000	DHSPCH	SCHREFFER MANOR	CENTRE	PLEASANT GAP		*	*	*	PANEDSS
2141060009	DHSPCH	WYNWOOD HOUSE AT STATE COLLEGE	CENTRE	STATE COLLEGE		17	12	*	PANEDSS
1151060327	DHSPCH	ARBOR TERRACE WILLISTOWN	CHESTER	WEST CHESTER		15	15	11	PANEDSS
1151060293	DHSPCH	BELLINGHAM RETIREMENT LIVING	CHESTER	WEST CHESTER		32	8	14	PANEDSS
1151060335	DHSPCH	BRANDYWINE LIVING AT UPPER PROVIDENCE	CHESTER	PHOENIXVILLE		*	0	0	PANEDSS
1151060336	DHSPCH	BRIGHTVIEW DEYON	CHESTER	WAYNE		*	0	0	PANEDSS
115060232	DHSPCH	CROSSLANDS	CHESTER	KENNETT SQUARE		*	0	0	PANEDSS
1151060325	DHSPCH	DATSFORD CROSSING	CHESTER	PAOLI		*	0	0	PANEDSS
1151060339	DHSPCH	EXTON SENIOR LIVING	CHESTER	EXTON		14	*	0	PANEDSS
115060253	DHSPCH	GATESIDE	CHESTER	BERWYN		*	0	0	PANEDSS
1151060281	DHSPCH	HARRISON SENIOR LIVING OF COATESVILLE	CHESTER	COATESVILLE		16	*	0	PANEDSS
1151060316	DHSPCH	HIGHGATE AT PAOLI POINTE	CHESTER	PAOLI		15	*	7	PANEDSS
115060235	DHSPCH	MANATAWNY MANOR	CHESTER	POTTSTOWN		0	*	0	PANEDSS
1151060320	DHSPCH	REMED	CHESTER	PAOLI		7	*	0	PANEDSS
1151060307	DHSPCH	REMED RECOVERY CARE CENTERS	CHESTER	MAVERN		*	0	0	PANEDSS
1150040002	DHSPCH	SIMPSON MEADOWS	CHESTER	DOWNINGTOWN		30	6	0	PANEDSS
1150060251	DHSPCH	SOUTHEASTERN VETERANS CENTER	CHESTER	SPRING CITY		21	*	9	PANEDSS
1151060326	DHSPCH	SPRING MILL SENIOR LIVING	CHESTER	PHOENIXVILLE		0	*	0	PANEDSS
1150030003	DHSPCH	STEWART PLACE	CHESTER	OXFORD		*	5	*	PANEDSS

1151060328	DHSPCH	SUNRISE OF PAOLI	CHESTER	MAVERN	9	5	*	PA-NEDSS
1151060338	DHSPCH	SUNRISE OF WESTOWN	CHESTER	WEST CHESTER	*	*	0	PA-NEDSS
1151060339	DHSPCH	THE COMMUNITY AT PHOENIXVILLE	CHESTER	PHOENIXVILLE	*	0	*	PA-NEDSS
1151060310	DHSPCH	THE OGDON SENIOR LIVING	CHESTER	DEVON	*	0	*	PA-NEDSS
1151060301	DHSPCH	THE GARDENS AT FREEDOM VILLAGE	CHESTER	WEST BRANDYWINE	*	*	*	PA-NEDSS
115060202	DHSPCH	THE HICKMAN	CHESTER	WEST CHESTER	0	*	*	PA-NEDSS
1151060297	DHSPCH	THE INN AT FREEDOM VILLAGE	CHESTER	WEST BRANDYWINE	8	*	0	PA-NEDSS
1151060324	DHSPCH	WELLINGTON COURT AT HERSEY'S MILL	CHESTER	WEST CHESTER	7	6	*	PA-NEDSS
1151060330	DHSPCH	WOODBRIDGE PLACE	CHESTER	PHOENIXVILLE	*	0	*	PA-NEDSS
092702	PADOHLTCE	BARCLAY FRIENDS	CHESTER	WEST CHESTER	43	0	*	PA-NEDSS
01150201	PADOHLTCE	BELLINGHAM PARK LANE	CHESTER	WEST CHESTER	8	5	17	PA-NEDSS
023902	PADOHLTCE	BRAEDWINE HALL	CHESTER	WEST CHESTER	117	5	29	PA-NEDSS
137702	PADOHLTCE	GREEN MEADOWS NURSING & REHAB CENTER	CHESTER	MAVERN	62	5	32	PA-NEDSS
083002	PADOHLTCE	HICKORY HOUSE NURSING HOME	CHESTER	HONEY BROOK	16	0	*	PA-NEDSS
105502	PADOHLTCE	INN AT FREEDOM VILLAGE	CHESTER	WEST BRANDYWINE	9	*	*	PA-NEDSS
110402	PADOHLTCE	KENDAL AT LONGWOOD	CHESTER	KENNETT SQUARE	0	*	0	PA-NEDSS
230602	PADOHLTCE	PEMBROKE HEALTH & REHABILITATION CENTER	CHESTER	WEST CHESTER	18	*	*	PA-NEDSS
160702	PADOHLTCE	PHOENIX CENTER FOR REHAB AND NURSING	CHESTER	PHOENIXVILLE	67	9	14	PA-NEDSS
162002	PADOHLTCE	POCOPSON HOME	CHESTER	WEST CHESTER	11	0	4	PA-NEDSS
24600201	PADOHLTCE	POWERBACK REHABILITATION EXION	CHESTER	EXTON	8	31	0	PA-NEDSS
21760201	PADOHLTCE	POWERBACK REHABILITATION PHOENIXVILLE	CHESTER	PHOENIXVILLE	*	0	*	PA-NEDSS
426002	PADOHLTCE	SOUTHEASTERN VETERANS CENTER	CHESTER	SPRING CITY	96	15	33	PA-NEDSS
457402	PADOHLTCE	ST MARTHA CENTER FOR REHAB & HEALTH CARE	CHESTER	DOWNINGTOWN	32	15	*	PA-NEDSS
032102	PADOHLTCE	TWIN PINES HEALTH CARE CENTER	CHESTER	WEST GROVE	0	*	0	PA-NEDSS
21250201	PADOHLTCE	WELLINGTON TERRACE	CHESTER	WEST CHESTER	26	9	5	PA-NEDSS
591202	PADOHLTCE	CLARION HEALTH CARE AND REHAB CENTER	CLARION	CLARION	*	*	0	PA-NEDSS
4121060158	DHSPCH	KNICKERBOCKER VILLA	CLEARFIELD	CLEARFIELD	*	0	0	PA-NEDSS
037702	PADOHLTCE	MOUNTAIN LAUREL HEALTH CARE & REHAB CTR	CLEARFIELD	CLEARFIELD	*	0	0	PA-NEDSS
281102	PADOHLTCE	BERWICK RETIREMENT VILLAGE NURSING HOME	COLUMBIA	BERWICK	54	20	19	PA-NEDSS
136802	PADOHLTCE	BLOOMSBURG CARE & REHABILITATION CENTER	COLUMBIA	BLOOMSBURG	*	6	*	PA-NEDSS
379502	PADOHLTCE	THE GARDENS AT ORANGEVILLE	COLUMBIA	ORANGEVILLE	40	12	10	PA-NEDSS
321060145	DHSPCH	THORNWALD HOME	CUMBERLAND	CARLISLE	*	0	0	PA-NEDSS
037602	PADOHLTCE	CLAREMONT NRS & REHAB CTR-CUMBERLAND CO	CUMBERLAND	CARLISLE	*	*	0	PA-NEDSS
066802	PADOHLTCE	FOREST PARK HEALTH CARE & REHAB CENTER	CUMBERLAND	CARLISLE	0	*	0	PA-NEDSS
392802	PADOHLTCE	MANOR CARE HEALTH SERVICES CARLISLE	CUMBERLAND	CARLISLE	*	0	0	PA-NEDSS
711402	PADOHLTCE	SARAH A TODD MEMORIAL HOME	CUMBERLAND	CARLISLE	62	*	*	PA-NEDSS
035002	PADOHLTCE	SHIPPENSBURG HEALTH CARE CENTER	CUMBERLAND	SHIPPENSBURG	90	19	23	PA-NEDSS
030502	PADOHLTCE	THE GARDENS AT CAMP HILL	CUMBERLAND	CAMP HILL	52	15	7	PA-NEDSS
280202	PADOHLTCE	THE GARDENS AT WEST SHORE	CUMBERLAND	CAMP HILL	80	26	12	PA-NEDSS
22170201	PADOHLTCE	VIBRA REHABILITATION CENTER	CUMBERLAND	MECHANISBURG	*	0	0	PA-NEDSS
3221060228	DHSPCH	COUNTRY MEADOWS OF HERSEY	DAUPHIN	HERSEY	35	30	11	PA-NEDSS
062102	PADOHLTCE	FREV VILLAGE	DAUPHIN	MIDLETON	0	*	0	PA-NEDSS
451902	PADOHLTCE	PREMIER AT SUSQUEHANNA NURSING & REHAB	DAUPHIN	MILLERSBURG	67	25	8	PA-NEDSS
040202	PADOHLTCE	SPRING CREEK REHAB & NURSING CENTER	DAUPHIN	HARRISBURG	134	23	25	PA-NEDSS
022002	PADOHLTCE	THE GARDENS AT BLUE RIDGE	DAUPHIN	HARRISBURG	5	*	0	PA-NEDSS
1231060241	DHSPCH	ACCOLADES SENIOR CARE	DELAWARE	EAST LANSDOWNE	10	*	0	PA-NEDSS
1221060253	DHSPCH	BRAEDWINE LIVING AT HAVERFORD ESTATES	DELAWARE	HAVERFORD	5	0	*	PA-NEDSS
1230060182	DHSPCH	CABLE LINK COMMUNITY SUPPORT SERVICES TORREY HIL	DELAWARE	HAVERFORD	*	*	0	PA-NEDSS
1230060169	DHSPCH	DUNWOODY VILLAGE	DELAWARE	NEWTOWN SQUARE	5	*	0	PA-NEDSS
1230060179	DHSPCH	ELWYN HARMONY HALL	DELAWARE	ELWYN	70	11	15	PA-NEDSS
1230060181	DHSPCH	ELWYN RAINBOW HOUSE	DELAWARE	ELWYN	0	*	0	PA-NEDSS
1230060187	DHSPCH	ELWYN WHITEHOUSE	DELAWARE	ELWYN	*	*	*	PA-NEDSS
1230060195	DHSPCH	INNE AT RIDGE VILLAGE THE	DELAWARE	MEDIA	6	*	*	PA-NEDSS
1230060191	DHSPCH	MARIS GROVE	DELAWARE	GLEN MILLS	*	*	0	PA-NEDSS
1230030002	DHSPCH	OAKBRIDGE TERRACE AT LIMA ESTATES	DELAWARE	MEDIA	*	0	*	PA-NEDSS

1231060237	DHSPCH	PULSH MILLS	DELAWARE	WALLINGFORD	9	*	*	PA-NEDSS
1231060234	DHSPCH	QUADRANGLE PERSONAL CARE	DELAWARE	HAVERTOWN	6	0	0	PA-NEDSS
1231060239	DHSPCH	ROSE TREE PLACE	DELAWARE	MEDIA	25	*	6	PA-NEDSS
123060172	DHSPCH	ROSEMONT PRESBYTERIAN VILLAGE	DELAWARE	ROSEMOUNT	5	*	0	PA-NEDSS
1231060256	DHSPCH	SUNRISE OF GRANITE RUN	DELAWARE	MEDIA	0	*	0	PA-NEDSS
1231060257	DHSPCH	SUNRISE OF HAVERTOWN	DELAWARE	HAVERTOWN	0	*	0	PA-NEDSS
1231060251	DHSPCH	SUNRISE OF NEWTOWN SQUARE	DELAWARE	NEWTOWN SQUARE	0	*	0	PA-NEDSS
123060189	DHSPCH	THE BRYN MAWR TERRACE	DELAWARE	BRYN MAWR	0	0	0	PA-NEDSS
1231060259	DHSPCH	THE RESIDENCE AT CHADDS FORD	DELAWARE	GLEN MILLS	5	*	0	PA-NEDSS
1231060246	DHSPCH	THE RESIDENCE AT GLEN RIDGE	DELAWARE	GLEN MILLS	61	*	9	PA-NEDSS
1231060261	DHSPCH	THE SUMMIT AT GLEN MILLS	DELAWARE	GLEN MILLS	*	*	0	PA-NEDSS
123060175	DHSPCH	WESTLEY ENHANCED LIVING MAIN LINE PERSONAL CARE	DELAWARE	CHESTER	6	0	0	PA-NEDSS
024202	PADOLTCF	BEVERLY CENTER GENESIS HEALTHCARE	DELAWARE	CHESTER	40	*	7	PA-NEDSS
033502	PADOLTCF	BRIGHTON MANOR NURSING AND REHAB CENTER	DELAWARE	GLEN MILLS	54	4	5	PA-NEDSS
023102	PADOLTCF	BROOMALL PRESBYTERIAN VILLAGE	DELAWARE	BROOMALL	11	*	20	PA-NEDSS
283202	PADOLTCF	BROOMALL PRESBYTERIAN VILLAGE	DELAWARE	BROOMALL	58	24	43	PA-NEDSS
180802	PADOLTCF	BROOMALL REHABILITATION & NURSING CENTER	DELAWARE	BROOMALL	155	22	43	PA-NEDSS
032002	PADOLTCF	BRIN MAWR EXTENDED CARE CENTER	DELAWARE	BRIN MAWR	9	*	6	PA-NEDSS
023402	PADOLTCF	BRIN MAWR TERRACE	DELAWARE	BRIN MAWR	8	6	6	PA-NEDSS
21670201	PADOLTCF	CONTINUING CARE AT MARIS GROVE	DELAWARE	GLEN MILLS	39	*	11	PA-NEDSS
061002	PADOLTCF	FAIR ACRES GERIATRIC CENTER	DELAWARE	LIMA	173	51	44	PA-NEDSS
080402	PADOLTCF	HARLEE MANOR NURSING & REHAB CENTER	DELAWARE	SPRINGFIELD	12	*	44	PA-NEDSS
235902	PADOLTCF	HEALTH CARE CTR AT WHITE HORSE VILLAGE	DELAWARE	NEWTOWN SQUARE	30	8	7	PA-NEDSS
123902	PADOLTCF	LITTLE FLOWER MANOR	DELAWARE	DARBY	5	*	34	PA-NEDSS
230102	PADOLTCF	MANORCARE HEALTH SERVICES WALLINGFORD	DELAWARE	WALLINGFORD	151	33	17	PA-NEDSS
122002	PADOLTCF	MANORCARE HEALTH SERVICES YEADON	DELAWARE	YEADON	120	8	20	PA-NEDSS
011302	PADOLTCF	MONTICELLO HOUSE	DELAWARE	MEDIA	37	16	20	PA-NEDSS
163502	PADOLTCF	PROSPECT PARK HEALTH & REHAB CENTER	DELAWARE	PROSPECT PARK	44	13	*	PA-NEDSS
074902	PADOLTCF	PROVIDENCE REHAB & HEALTH CTR MERCY FLTZ	DELAWARE	YEADON	63	19	18	PA-NEDSS
170702	PADOLTCF	QUADRANGLE	DELAWARE	HAVERTOWN	41	14	20	PA-NEDSS
440502	PADOLTCF	RIDDLE MEMORIAL HOSPITAL-BASED SNF	DELAWARE	MEDIA	8	*	0	PA-NEDSS
190502	PADOLTCF	ST FRANCIS CENTER FOR REHAB & HEALTHCARE	DELAWARE	DARBY	81	9	18	PA-NEDSS
17550201	PADOLTCF	STERLING HEALTH CARE & REHAB CENTER	DELAWARE	MEDIA	124	32	24	PA-NEDSS
750102	PADOLTCF	WESTLEY ENHANCED LIVING MAIN LINE REHAB SN	DELAWARE	WAYNE	71	5	16	PA-NEDSS
081302	PADOLTCF	WESTGATE HILLS REHAB & NURSING CENTER	DELAWARE	HAVERTOWN	29	7	11	PA-NEDSS
041602	PADOLTCF	WILLIAM HOOD DUNWOODY CARE CENTER	DELAWARE	NEWTOWN SQUARE	54	8	10	PA-NEDSS
073602	PADOLTCF	WILLOWBROOK COURT AT GRANITE FARMS ESTS	DELAWARE	MEDIA	20	*	6	PA-NEDSS
151902	PADOLTCF	WILLOWBROOK COURT AT LIMA ESTATES	DELAWARE	LIMA	39	17	15	PA-NEDSS
4250060214	DHSPCH	SPRINGHILL SENIOR LIVING COMMUNITY	DELAWARE	LIMA	50	10	12	PA-NEDSS
181302	PADOLTCF	ABINGTON CREST HEALTHCARE & REHAB CENTER	ERIE	ERIE	*	0	0	PA-NEDSS
680202	PADOLTCF	ELMWOOD GARDENS OF PRESBY SENIORCARE	ERIE	ERIE	0	*	0	PA-NEDSS
530402	PADOLTCF	LEGOM AT PRESQUE ISLE, INC	ERIE	ERIE	0	0	0	PA-NEDSS
131102	PADOLTCF	MILL CREEK MANOR	ERIE	ERIE	*	*	0	PA-NEDSS
191302	PADOLTCF	SAINT MARYS EAST	ERIE	ERIE	*	*	0	PA-NEDSS
710402	PADOLTCF	SARAH REED SENIOR LIVING	ERIE	ERIE	- 0	*	0	PA-NEDSS
387602	PADOLTCF	VILLAGE AT LUTHER SQUARE	ERIE	ERIE	0	0	0	PA-NEDSS
020602	PADOLTCF	WALNUT CREEK HEALTHCARE AND REHAB CENTER	ERIE	ERIE	0	0	0	PA-NEDSS
394102	PADOLTCF	MIT MACRINA MANOR	FRANKLIN	UNIONTOWN	0	0	0	PA-NEDSS
3281060163	DHSPCH	PROVIDENCE PLACE OF CHAMBERSBURG	FRANKLIN	CHAMBERSBURG	*	0	0	PA-NEDSS
3280060004	DHSPCH	SPIRITRUST LUTHERAN THE VILLAGE AT LUTHER RIDGE	FRANKLIN	CHAMBERSBURG	69	0	0	PA-NEDSS
640702	PADOLTCF	MANORCARE HEALTH SERVICES CHAMBERSBURG	FRANKLIN	CHAMBERSBURG	43	5	6	PA-NEDSS
100902	PADOLTCF	SHOOK HOME	FRANKLIN	CHAMBERSBURG	0	*	0	PA-NEDSS
233002	PADOLTCF	WOODLAND PARK REHAB CENTER	HUNTINGDON	ORISSONIA	0	*	0	PA-NEDSS
4321060095	DHSPCH	THE FOUNTAINS AT INDIANA	INDIANA	INDIANA	13	*	4	PA-NEDSS

033102	PADOLTCF	BEACON RIDGE, A CHOICE COMMUNITY	INDIANA	INDIANA	0	*	0	0	PANEDSS
090102	PADOLTCF	COMMUNITIES AT INDIAN HAVEN	INDIANA	INDIANA	0	*	0	0	PANEDSS
2351060306	DHSPCH	CLARKS SUMMIT SENIOR LIVING	LACKAWANNA	CLARKS SUMMIT	0	*	0	0	PANEDSS
2351060297	DHSPCH	MID VALLEY MANOR PERSONAL CARE CENTER	LACKAWANNA	BECKVILLE	10	*	0	0	PANEDSS
2351060304	DHSPCH	OAKWOOD TERRACE	LACKAWANNA	MOOSIC	16	*	0	0	PANEDSS
2351060296	DHSPCH	OLD FORGE MANOR PERSONAL CARE CENTER	LACKAWANNA	OLD FORGE	0	*	0	0	PANEDSS
2350060006	DHSPCH	ST MARYS VILLA RESIDENCE	LACKAWANNA	MOSCOW	24	*	0	0	PANEDSS
2351060303	DHSPCH	WILLOWBROOK PLACE	LACKAWANNA	CLARKS SUMMIT	0	*	0	0	PANEDSS
053202	PADOLTCF	ABINGTON MANOR	LACKAWANNA	CLARKS SUMMIT	12	*	0	0	PANEDSS
011902	PADOLTCF	ALLED SERVICES SKILLED NURSING CENTER	LACKAWANNA	SCRANTON	156	*	35	41	PANEDSS
030702	PADOLTCF	CARBONDALE NURSING & REHABILITATION CTR	LACKAWANNA	CARBONDALE	86	7	21	21	PANEDSS
120902	PADOLTCF	DUNMORE HEALTH CARE CENTER	LACKAWANNA	DUNMORE	29	*	0	0	PANEDSS
014902	PADOLTCF	GINO J MERL VETERANS CENTER	LACKAWANNA	SCRANTON	0	*	0	0	PANEDSS
360402	PADOLTCF	JEWS HOME OF EASTERN PENNSYLVANIA	LACKAWANNA	SCRANTON	53	17	20	20	PANEDSS
134902	PADOLTCF	LACKAWANNA HEALTH & REHABILITATION CTR	LACKAWANNA	PECKVILLE	46	0	0	0	PANEDSS
395502	PADOLTCF	LINWOOD NURSING & REHABILITATION CENTER	LACKAWANNA	SCRANTON	113	25	11	22	PANEDSS
053602	PADOLTCF	MOUNTAIN VIEW CARE AND REHAB CENTER	LACKAWANNA	SCRANTON	56	12	15	15	PANEDSS
715502	PADOLTCF	SAINT MARYS VILLA NURSING HOME, INC	LACKAWANNA	ELMHURST TOWNSHIP	37	13	9	9	PANEDSS
010102	PADOLTCF	THE GARDENS AT SCRANTON	LACKAWANNA	SCRANTON	0	6	0	0	PANEDSS
3361060014	DHSPCH	COUNTRY MEADOWS OF LANCASTER	LANCASTER	LANCASTER	13	*	0	0	PANEDSS
3361060065	DHSPCH	ELDERWOOD SENIOR LIVING AT LANCASTER	LANCASTER	MCUNTVILLE	58	*	0	0	PANEDSS
3361060031	DHSPCH	FAITH FRIENDSHIP VILLA OF MOUNTVILLE	LANCASTER	DENVER	10	5	0	0	PANEDSS
3361060055	DHSPCH	FAITHFUL LIVING	LANCASTER	LANCASTER	9	0	0	0	PANEDSS
3360600013	DHSPCH	HOMESTEAD VILLAGE	LANCASTER	LITITZ	0	*	0	0	PANEDSS
3360600006	DHSPCH	LANDS HOMES RETIREMENT COMMUNITY	LANCASTER	WILLOW STREET	0	*	0	0	PANEDSS
3360600034	DHSPCH	MEADOW RIDGE AT WILLOW VALLEY	LANCASTER	LANCASTER	0	*	0	0	PANEDSS
3361060086	DHSPCH	MENNONITE HOME	LANCASTER	LANDISVILLE	0	*	0	0	PANEDSS
3360600014	DHSPCH	OAK LEAF MANOR NORTH	LANCASTER	MANHEIM	8	*	0	0	PANEDSS
3360600009	DHSPCH	PLEASANT VIEW COMMUNITIES	LANCASTER	QUARRVILLE	5	0	0	0	PANEDSS
3360600016	DHSPCH	QUARRVILLE PRESBYTERIAN RETIREMENT COMMUNITY	LANCASTER	COLUMBIA	0	*	0	0	PANEDSS
3360600021	DHSPCH	ST JOHNS HERB ESTATE	LANCASTER	MORGANTOWN	0	*	0	0	PANEDSS
3360600021	DHSPCH	SUNNY CREST HOME	LANCASTER	NEW HOLLAND	16	12	6	6	PANEDSS
282602	PADOLTCF	WELSH MOUNTAIN HOME	LANCASTER	LITITZ	0	*	0	0	PANEDSS
030102	PADOLTCF	BRETHREN VILLAGE	LANCASTER	LANCASTER	107	36	34	34	PANEDSS
033302	PADOLTCF	CAULVARY FELLOWSHIP HOMES, INC	LANCASTER	ELIZABETHTOWN	0	*	0	0	PANEDSS
023202	PADOLTCF	CONESTOGA VIEW	LANCASTER	ELIZABETHTOWN	42	*	0	0	PANEDSS
123202	PADOLTCF	ELIZABETH MANOR HEALTHCARE AND REHAB CTR	LANCASTER	ELIZABETHTOWN	8	0	0	0	PANEDSS
053502	PADOLTCF	ELIZABETH TOWN HEALTHCARE & REHAB CENTER	LANCASTER	EPHRAATA	65	18	20	20	PANEDSS
14350200	PADOLTCF	EPHRAATA MANOR	LANCASTER	NEW HOLLAND	48	15	11	11	PANEDSS
080202	PADOLTCF	GARDEN SPOT VILLAGE	LANCASTER	CHRISTIANA	22	5	4	4	PANEDSS
080502	PADOLTCF	HAMILTON ARMS CENTER	LANCASTER	WILLOW STREET	0	*	0	0	PANEDSS
080502	PADOLTCF	HARRISON SENIOR LIVING OF CHRISTIANA	LANCASTER	LANCASTER	113	31	18	18	PANEDSS
085902	PADOLTCF	HOMESTEAD VILLAGE INC	LANCASTER	LITITZ	42	12	24	24	PANEDSS
233602	PADOLTCF	LAKESIDE AT WILLOW VALLEY	LANCASTER	LANCASTER	75	13	18	18	PANEDSS
120302	PADOLTCF	LUTHER ACRES MANOR	LANCASTER	ELIZABETHTOWN	0	*	0	0	PANEDSS
122402	PADOLTCF	MANOR CARE HEALTH SERVICES LANCASTER	LANCASTER	LANCASTER	41	19	14	14	PANEDSS
231302	PADOLTCF	MANOR CARE HEALTH SERVICES LANCASTER	LANCASTER	LANCASTER	0	*	0	0	PANEDSS
131502	PADOLTCF	MASONIC VILLAGE AT ELIZABETH TOWN	LANCASTER	LITITZ	0	*	0	0	PANEDSS
133202	PADOLTCF	MENNONITE HOME INC	LANCASTER	LANCASTER	0	*	0	0	PANEDSS
135202	PADOLTCF	MORAVIAN MANOR INC	LANCASTER	MANHEIM	27	*	10	10	PANEDSS
134002	PADOLTCF	MTHOPENAZARENE RETIREMENT COMMUNITY	LANCASTER	MANHEIM	63	9	6	6	PANEDSS
681902	PADOLTCF	PLEASANT VIEW RETIREMENT COMMUNITY	LANCASTER	LANCASTER	0	*	0	0	PANEDSS
040702	PADOLTCF	ROSE CITY NURSING AND REHAB AT LANCASTER	LANCASTER	LANCASTER	15	9	0	0	PANEDSS
077902	PADOLTCF	THE GLEN AT WILLOW VALLEY	LANCASTER	LITITZ	0	*	0	0	PANEDSS
470402	PADOLTCF	UNITED ZION RETIREMENT COMMUNITY	LANCASTER	LITITZ	9	*	0	0	PANEDSS

491902	PADOLTCF	WILLIAMSPORT HOME	LYCOMING	WILLIAMSPORT		0	*	0	0	PA-NEEDS
4430060176	DHSPCH	HELENS PLACE FOR PERSONAL CARE	WERCER	SHARON		*	0	0	0	PA-NEEDS
1513202	PADOLTCF	OHESSEN MANOR	MIFFLIN	LEWISTOWN		*	0	0	0	PA-NEEDS
750602	PADOLTCF	WILLIAM PENN HEALTH CARE AND REHAB CENTER	MIFFLIN	LEWISTOWN		0	*	0	0	PA-NEEDS
2450060005	DHSPCH	FITZMAURICE COMMUNITY SERVICES INC	MONROE	STROUDSBURG		0	*	0	0	PA-NEEDS
2451060138	DHSPCH	GLUCOLODGE	MONROE	STROUDSBURG		*	0	0	0	PA-NEEDS
2451060175	DHSPCH	GRACE PARK	MONROE	STROUDSBURG		26	6	9	0	PA-NEEDS
023002	PADOLTCF	SPRING VILLAGE AT POCONO	MONROE	EAST STROUDSBURG		*	0	0	0	PA-NEEDS
161702	PADOLTCF	BROOKMONT HEALTHCARE CENTER LLC	MONROE	EFFORT		0	*	0	0	PA-NEEDS
161702	PADOLTCF	PLEASANT VALLEY MANOR INC/MONROE CO HOME	MONROE	STROUDSBURG		95	24	21	0	PA-NEEDS
194002	PADOLTCF	THE GARDENS AT STROUD	MONROE	EAST STROUDSBURG		*	0	0	0	PA-NEEDS
22480201	PADOLTCF	WHITESTONE CARE CENTER	MONROE	STROUDSBURG		22	11	5	0	PA-NEEDS
1461060042	DHSPCH	ARBON COURTS OF KING OF PRUSSIA	MONTGOMERY	KING OF PRUSSIA		7	0	*	0	PA-NEEDS
1461060075	DHSPCH	ARTIS SENIOR LIVING OF HUNTINGDON VALLEY	MONTGOMERY	HUNTINGDON VALLEY		17	0	5	0	PA-NEEDS
1461060073	DHSPCH	BIRCHES AT ARBON SQUARE	MONTGOMERY	HARLEYSVILLE		*	0	0	0	PA-NEEDS
1461060046	DHSPCH	BLUE BELL PLACE	MONTGOMERY	BLUE BELL		26	0	6	0	PA-NEEDS
1461060077	DHSPCH	BRAVDWINE SENIOR LIVING AT DRESHER ESTATES	MONTGOMERY	DRESHER		*	10	0	0	PA-NEEDS
1461060078	DHSPCH	BRAVDWINE SENIOR LIVING AT SENIOR SUITES	MONTGOMERY	EAST NORRITON		11	0	0	0	PA-NEEDS
1461060063	DHSPCH	BRIGHTVIEW EAST NORRITON	MONTGOMERY	EAST NORRITON		*	0	0	0	PA-NEEDS
1460060013	DHSPCH	ELM TERRACE GARDENS	MONTGOMERY	LANDDALE		29	0	11	0	PA-NEEDS
1460060004	DHSPCH	FOUL KEMAS AT GWYNEDD	MONTGOMERY	GWYNEDD		10	*	0	0	PA-NEEDS
1461060068	DHSPCH	KYFFIN GROVE	MONTGOMERY	NORTH WALES		*	0	0	0	PA-NEEDS
1460060030	DHSPCH	MILDRED SHORE INN	MONTGOMERY	NORTH WALES		*	0	0	0	PA-NEEDS
1460030001	DHSPCH	OAKBRIDGE TERRACE AT BRITANNY POINTE ESTATES	MONTGOMERY	LANDDALE		5	0	0	0	PA-NEEDS
1460030004	DHSPCH	OAKBRIDGE TERRACE AT NORMANDY FARMS ESTATES	MONTGOMERY	BLUE BELL		*	0	0	0	PA-NEEDS
1460030005	DHSPCH	OAKBRIDGE TERRACE AT SPRING HOUSE ESTATES	MONTGOMERY	LOWER GWYNEDD		*	0	0	0	PA-NEEDS
1460060026	DHSPCH	OAKWOOD COURT	MONTGOMERY	LANDDALE		15	*	0	0	PA-NEEDS
1461060079	DHSPCH	PARADISE MANOR	MONTGOMERY	HATFIELD		*	0	0	0	PA-NEEDS
1461060071	DHSPCH	PARK CREEK PLACE PERSONAL CARE	MONTGOMERY	NORTH WALES		5	0	0	0	PA-NEEDS
1461060058	DHSPCH	PENN ASSISTED CARE	MONTGOMERY	PENNSBURG		*	0	0	0	PA-NEEDS
1460060020	DHSPCH	PERSONAL CARE/MEMORY CARE @ THE PARK	MONTGOMERY	HATBORO		6	0	0	0	PA-NEEDS
1460060038	DHSPCH	PHOEBE WYNCOTE	MONTGOMERY	WYNCOTE		39	22	0	0	PA-NEEDS
1461030004	DHSPCH	PROVIDENCE PLACE AT THE COLLEGEVILLE INN	MONTGOMERY	COLLEGEVILLE		5	0	*	0	PA-NEEDS
1460600039	DHSPCH	RYDAL PARK PERSONAL CARE	MONTGOMERY	COLLEGEVILLE		5	0	*	0	PA-NEEDS
1461060016	DHSPCH	SALISBURY BEHAVIORAL HEALTH	MONTGOMERY	ROSLYN		0	*	0	0	PA-NEEDS
1460600022	DHSPCH	SPRING MILL PRESBYTERIAN VILLAGE	MONTGOMERY	LAFAYETTE HILL		0	0	0	0	PA-NEEDS
1461030005	DHSPCH	SPRINGFIELD SENIOR LIVING COMMUNITY	MONTGOMERY	WINDMOOR		*	0	0	0	PA-NEEDS
1461060064	DHSPCH	ST MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING	MONTGOMERY	LANDDALE		*	0	0	0	PA-NEEDS
1461060081	DHSPCH	SUNRISE OF ARLINGTON	MONTGOMERY	ARLINGTON		17	9	6	0	PA-NEEDS
1461060080	DHSPCH	SUNRISE OF BLUE BELL	MONTGOMERY	BLUE BELL		*	*	*	0	PA-NEEDS
1461060076	DHSPCH	SUNRISE OF LAFAYETTE HILL	MONTGOMERY	LAFAYETTE HILL		9	8	*	0	PA-NEEDS
1461030003	DHSPCH	SWAPHONY SQUARE AT BALA CYNWYD	MONTGOMERY	BALA CYNWYD		15	0	6	0	PA-NEEDS
1460030007	DHSPCH	THE HEARTH AT DREXEL	MONTGOMERY	BALA CYNWYD		*	*	0	0	PA-NEEDS
1460030006	DHSPCH	THE HILL AT WHITE MARSH OAKLEY HALL ASSISTED LIVING	MONTGOMERY	LAFAYETTE HILL		9	*	*	0	PA-NEEDS
1461060083	DHSPCH	THE LANDING AT TOWAMENCIN	MONTGOMERY	LANDDALE		*	0	0	0	PA-NEEDS
1461060072	DHSPCH	THE LANDING OF COLLEGEVILLE	MONTGOMERY	COLLEGEVILLE		5	0	0	0	PA-NEEDS
1461060033	DHSPCH	THE MEADOWS AT SHANNONDELL	MONTGOMERY	ADUDIBON		23	0	*	0	PA-NEEDS
1461060082	DHSPCH	TRADITIONS OF LANDDALE	MONTGOMERY	LANDDALE		*	0	0	0	PA-NEEDS
1460060012	DHSPCH	WATERLY HEIGHTS	MONTGOMERY	GLADWAYNE		*	0	0	0	PA-NEEDS
1460060016	DHSPCH	WHITE MARSH HOUSE	MONTGOMERY	FLOURTOWN		*	0	0	0	PA-NEEDS
1461060069	DHSPCH	WYNCOTE PLACE	MONTGOMERY	WYNCOTE		11	0	0	0	PA-NEEDS
09130200	PADOLTCF	ABRAMSON RESIDENCE	MONTGOMERY	NORTH WALES		42	*	15	0	PA-NEEDS
120402	PADOLTCF	ABRAMSON SENIOR CARE AT LANKEAU MED CTR	MONTGOMERY	WINNEWOOD		*	0	*	0	PA-NEEDS
010802	PADOLTCF	AMBLER EXTENDED CARE CENTER	MONTGOMERY	AMBLER		38	0	10	0	PA-NEEDS
393502	PADOLTCF	ARISTACARE AT MEADOW SPRINGS	MONTGOMERY	PLUMBOOTH MEETING		9	*	*	0	PA-NEEDS

011102	PADOLTCF	ARTMAN LUTHERAN HOME	MONTGOMERY	AMBLER		35		*	8	PA-NEDSS
026802	PADOLTCF	BEAUMONT AT BRYN MAWR	MONTGOMERY	BRYN MAWR		28		*		PA-NEDSS
181502	PADOLTCF	BROOKSIDE HEALTHCARE & REHAB CENTER	MONTGOMERY	ROSLIN		57		*	14	PA-NEDSS
700102	PADOLTCF	CHESTNUT HILL LONGHEALTH & REHAB CTR	MONTGOMERY	WINDMOOR		59		*	13	PA-NEDSS
044402	PADOLTCF	DOCK TERRACE	MONTGOMERY	LANSDALE		48		*	11	PA-NEDSS
271202	PADOLTCF	DRESHER HILL HEALTH & REHABILITATION CTR	MONTGOMERY	DRESHER		42		*	10	PA-NEDSS
052702	PADOLTCF	EDGEHILL NURSING & REHABILITATION CENTER	MONTGOMERY	GLENSIDE		47		*	13	PA-NEDSS
460502	PADOLTCF	ELKINS CREST HEALTH & REHAB CENTER	MONTGOMERY	ELKINS PARK		53		0	*	PA-NEDSS
060902	PADOLTCF	FOLKWAYS AT GWYNEDD	MONTGOMERY	GWYNEDD		84		0	0	PA-NEDSS
860202	PADOLTCF	GARDEN SPRING NURSING & REHAB CENTER	MONTGOMERY	LANSDALE		57		5	10	PA-NEDSS
075002	PADOLTCF	GWYNEDD HEALTHCARE & REHAB CENTER	MONTGOMERY	LANSDALE		19		0	29	PA-NEDSS
080702	PADOLTCF	HARBORVIEW REHAB & CARE CENTER LANSDALE	MONTGOMERY	FLOURTOWN		79		*	14	PA-NEDSS
034402	PADOLTCF	HILLCREST CENTER	MONTGOMERY	WYNCOTE		113		6	17	PA-NEDSS
083202	PADOLTCF	HOPKINS CENTER	MONTGOMERY	WYNCOTE		50		*	7	PA-NEDSS
591902	PADOLTCF	IVY HILL REHAB CENTER	MONTGOMERY	WINDMOOR		77		*	20	PA-NEDSS
640302	PADOLTCF	LUTHER WOODS NURSING & REHAB CENTER	MONTGOMERY	HATBORO		12		0	*	PA-NEDSS
053802	PADOLTCF	MANORCARE HEALTH SERVICES HUNTINGDON VAL	MONTGOMERY	HUNTINGDON VALLEY		9		*	0	PA-NEDSS
125902	PADOLTCF	MANORCARE HEALTH SERVICES KING OF PRUSS	MONTGOMERY	KING OF PRUSSIA		29		*	12	PA-NEDSS
380402	PADOLTCF	MANORCARE HEALTH SERVICES POTSTOWN	MONTGOMERY	POTSTOWN		*		0	*	PA-NEDSS
382402	PADOLTCF	MANORCARE HEALTH SERVICES MONTGOMERYVILLE	MONTGOMERY	MONTGOMERYVILLE		114		6	25	PA-NEDSS
137102	PADOLTCF	MASONIC VILLAGE AT LAVANETTE HILL	MONTGOMERY	LAVANETTE HILL		35		7	17	PA-NEDSS
392602	PADOLTCF	MEADOWVIEW REHABILITATION & NURSING CTR	MONTGOMERY	WORCESTER		12		*	*	PA-NEDSS
183202	PADOLTCF	MONTGOMERY SQUARE NURSING AND REHAB CENTER	MONTGOMERY	PHILADELPHIA		114		6	22	PA-NEDSS
068202	PADOLTCF	NORRITON ROAD NURSING AND REHAB CENTER	MONTGOMERY	NORRITON		*		*	*	PA-NEDSS
580502	PADOLTCF	PAPER MILL ROAD NURSING AND REHAB CTR	MONTGOMERY	GLENSIDE		67		0	19	PA-NEDSS
133402	PADOLTCF	PARKHOUSE REHABILITATION & NURSING CTR	MONTGOMERY	ROBERTSFORD		137		14	50	PA-NEDSS
160602	PADOLTCF	PETER BECKER COMMUNITY	MONTGOMERY	HARLEYSVILLE		48		*	11	PA-NEDSS
069002	PADOLTCF	POWERBACK REHABILITATION 3485 DAVISVILLE	MONTGOMERY	HARBORO		*		*	*	PA-NEDSS
182002	PADOLTCF	REGINA COMMUNITY NURSING CENTER	MONTGOMERY	NORRISTOWN		46		8	21	PA-NEDSS
17580201	PADOLTCF	REHAB AT SHANNONDELL	MONTGOMERY	AUDUBON		14		*	*	PA-NEDSS
181402	PADOLTCF	ROSEMONT CENTER	MONTGOMERY	ROSEMONT		30		*	11	PA-NEDSS
182102	PADOLTCF	ROYAL PARK OF PHILADELPHIA PRESBY HOMES	MONTGOMERY	ROYAL		16		0	5	PA-NEDSS
711102	PADOLTCF	SAINT JOSEPH VILLA	MONTGOMERY	FLOURTOWN		42		*	9	PA-NEDSS
233702	PADOLTCF	SAVATOGA CENTER	MONTGOMERY	POTSTOWN		*		0	0	PA-NEDSS
190402	PADOLTCF	SAUNDERS HOUSE	MONTGOMERY	WYNEWOOD		91		*	35	PA-NEDSS
192702	PADOLTCF	SILVER STREAM NURSING AND REHAB CENTER	MONTGOMERY	SPRING HOUSE		58		*	5	PA-NEDSS
050202	PADOLTCF	SOLIDERTON MENNONITE HOMES	MONTGOMERY	SOLIDERTON		*		*	0	PA-NEDSS
451002	PADOLTCF	ST JOSEPH'S MANOR	MONTGOMERY	LANSDALE		32		*	5	PA-NEDSS
451402	PADOLTCF	ST MARY CENTER FOR REHAB & HEALTHCARE	MONTGOMERY	NORRISTOWN		42		*	11	PA-NEDSS
044002	PADOLTCF	SUBURBAN WOODS HEALTH & REHAB CENTER	MONTGOMERY	NORRISTOWN		5		0	0	PA-NEDSS
125102	PADOLTCF	TOWNE MAJOR WEST	MONTGOMERY	NORRISTOWN		28		*	*	PA-NEDSS
124302	PADOLTCF	TOWNE MAJOR EAST	MONTGOMERY	NORRISTOWN		21		*	*	PA-NEDSS
233402	PADOLTCF	WANDERLY HEIGHTS LTD	MONTGOMERY	GLADWYNE		*		*	0	PA-NEDSS
971502	PADOLTCF	WILLOWBROOK COURT AT SPRING HOUSE ESTS	MONTGOMERY	LOWER GWYNEDD		57		*	18	PA-NEDSS
150102	PADOLTCF	WILLOWBROOK COURT SEC FT WASHINGTON EST	MONTGOMERY	FORT WASHINGTON		17		0	*	PA-NEDSS
142502	PADOLTCF	WILLOWBROOK COURT SEC NORMANDY FARMS	MONTGOMERY	BLUE BELL		*		0	0	PA-NEDSS
21610201	PADOLTCF	WYNDMOOR HEALTH CARE & REHAB CTR	MONTGOMERY	WYNDMOOR		37		0	7	PA-NEDSS
2481060227	DHSPCH	ALEXANDRIA MANOR OF ALLENTOWN BETH EHEM CAN	NORTHAMPTON	BETH EHEM		13		*	*	PA-NEDSS
2481060228	DHSPCH	LIZAS HOUSE	NORTHAMPTON	DANIELSWILE		0		*	0	PA-NEDSS
2481060195	DHSPCH	MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF	NORTHAMPTON	BETH EHEM		28		15	5	PA-NEDSS
2480060153	DHSPCH	MORAVIAN KINGS DAUGHTERS AND SONS HOME	NORTHAMPTON	BETH EHEM		0		*	0	PA-NEDSS
2481030002	DHSPCH	SALCON VALEET MANOR	NORTHAMPTON	HELLERTOWN		14		*	*	PA-NEDSS
096802	PADOLTCF	COUNTRY MEADOWS NURSING CENTER BETH EHEM	NORTHAMPTON	BETH EHEM		25		8	7	PA-NEDSS
055402	PADOLTCF	KIRKLAND VILLAGE	NORTHAMPTON	BETH EHEM		50		10	7	PA-NEDSS

125202	PADOLTCF	MANORCARE HEALTH SERVICES EASTON	NORTHAMPTON	EASTON		132	21	15	PANEDSS
392702	PADOLTCF	MORAVIAN HALL SQUARE HEALTH & WELLNESS CTR	NORTHAMPTON	NAZARETH		*	5	*	PANEDSS
15970201	PADOLTCF	MORAVIAN VILLAGE OF BETHLEHEM	NORTHAMPTON	BETHLEHEM		*	0	0	PANEDSS
050102	PADOLTCF	NEW EASTWOOD HEALTHCARE & REHAB CENTER	NORTHAMPTON	EASTON		31	6	0	PANEDSS
077802	PADOLTCF	NORTHAMPTON COUNTY HOME GRACEDALE	NORTHAMPTON	NAZARETH		216	41	45	PANEDSS
09350200	PADOLTCF	OLD ORCHARD HEALTH CARE CENTER	NORTHAMPTON	EASTON		109	15	24	PANEDSS
163802	PADOLTCF	THE GARDENS FOR MEMORY CARE AT EASTON	NORTHAMPTON	EASTON		97	22	22	PANEDSS
130502	PADOLTCF	NURSING & REHABILITATION AT THE MANSON	NORTHAMPTON	SUNBURY		0	0	0	PANEDSS
151062095	DHSPCH	ATRIA CENTER CITY	PHILADELPHIA	PHILADELPHIA		*	0	*	PANEDSS
151062068	DHSPCH	BETHESDA COURT	PHILADELPHIA	PHILADELPHIA		*	0	0	PANEDSS
151030001	DHSPCH	HARMONY PLACE ASSISTED LIVING AT PARKER RIDGE	PHILADELPHIA	PHILADELPHIA		*	0	0	PANEDSS
153061692	DHSPCH	HOLY FAMILY HOME	PHILADELPHIA	PHILADELPHIA		*	0	0	PANEDSS
151062130	DHSPCH	MCCALLUM ASSISTED LIFE	PHILADELPHIA	PHILADELPHIA		6	0	*	PANEDSS
151061710	DHSPCH	ORTH HOME	PHILADELPHIA	PHILADELPHIA		*	0	0	PANEDSS
151061784	DHSPCH	PARKER PERSONAL CARE HOME	PHILADELPHIA	PHILADELPHIA		*	0	0	PANEDSS
151061721	DHSPCH	PAULS RUN	PHILADELPHIA	PHILADELPHIA		18	0	*	PANEDSS
151061626	DHSPCH	PENNY HOME	PHILADELPHIA	PHILADELPHIA		*	12	0	PANEDSS
151061682	DHSPCH	PHILADELPHIA PROTESTANT HOME	PHILADELPHIA	PHILADELPHIA		10	0	*	PANEDSS
151061685	DHSPCH	RIVERVIEW HOME	PHILADELPHIA	PHILADELPHIA		21	0	*	PANEDSS
151062009	DHSPCH	SPEARS PERSONAL CARE AND RETIREMENT	PHILADELPHIA	PHILADELPHIA		*	0	0	PANEDSS
151062023	DHSPCH	TABOR MANOR	PHILADELPHIA	PHILADELPHIA		*	0	0	PANEDSS
151062118	DHSPCH	THE TERRACE AT CHESTNUT HILL	PHILADELPHIA	PHILADELPHIA		6	0	0	PANEDSS
151062028	DHSPCH	WALNUT MANOR	PHILADELPHIA	PHILADELPHIA		40	0	0	PANEDSS
151061832	DHSPCH	WESLEY ENHANCED LIVING AT STAVELEY	PHILADELPHIA	PHILADELPHIA		12	0	0	PANEDSS
151061784	DHSPCH	WESLEY ENHANCED LIVING PENNYPAK PARK	PHILADELPHIA	PHILADELPHIA		*	0	0	PANEDSS
1280200	PADOLTCF	ANGELA JANE PAVILION	PHILADELPHIA	PHILADELPHIA		33	0	11	PANEDSS
041402	PADOLTCF	BALA NURSING & RETIREMENT CENTER	PHILADELPHIA	PHILADELPHIA		97	0	25	PANEDSS
292002	PADOLTCF	CARE PAVILION NURSING & REHABILITATION	PHILADELPHIA	PHILADELPHIA		27	0	9	PANEDSS
191802	PADOLTCF	CARING HEART REHAB & NURSING CENTER	PHILADELPHIA	PHILADELPHIA		*	0	*	PANEDSS
030402	PADOLTCF	CATHEDRAL VILLAGE	PHILADELPHIA	PHILADELPHIA		28	0	14	PANEDSS
193902	PADOLTCF	CENTENNIAL HEALTHCARE & REHAB CENTER	PHILADELPHIA	PHILADELPHIA		124	0	27	PANEDSS
031602	PADOLTCF	CHAPEL MANOR	PHILADELPHIA	PHILADELPHIA		11	0	11	PANEDSS
032202	PADOLTCF	CHEL TENHAM NURSING & REHABILITATION CTR	PHILADELPHIA	PHILADELPHIA		8	0	8	PANEDSS
180102	PADOLTCF	CHESTNUT NURSING & REHABILITATION CENTER	PHILADELPHIA	PHILADELPHIA		27	0	20	PANEDSS
330402	PADOLTCF	CLYDEN NURSING & REHABILITATION CENTER	PHILADELPHIA	PHILADELPHIA		46	0	0	PANEDSS
D20202	PADOLTCF	DEER MEADOWS REHABILITATION CENTER	PHILADELPHIA	PHILADELPHIA		10	0	0	PANEDSS
12720200	PADOLTCF	DELAWARE VALLEY VETERANS HOME	PHILADELPHIA	PHILADELPHIA		65	0	8	PANEDSS
320402	PADOLTCF	FARVIEW NURSING & REHABILITATION CENTER	PHILADELPHIA	PHILADELPHIA		72	0	18	PANEDSS
122702	PADOLTCF	GERMANTOWN HOME	PHILADELPHIA	PHILADELPHIA		43	0	7	PANEDSS
210102	PADOLTCF	GLENDALE UPTOWN HOME	PHILADELPHIA	PHILADELPHIA		92	0	32	PANEDSS
090902	PADOLTCF	IMMACULATE MARY CENTER FOR REHAB & HLTHC	PHILADELPHIA	PHILADELPHIA		28	0	*	PANEDSS
090202	PADOLTCF	INGLIS HOUSE	PHILADELPHIA	PHILADELPHIA		16	0	*	PANEDSS
032502	PADOLTCF	KEARSLY REHABILITATION & NURSING CENTER	PHILADELPHIA	PHILADELPHIA		51	0	16	PANEDSS
125602	PADOLTCF	LAFAYETTE REDLEAF	PHILADELPHIA	PHILADELPHIA		10	0	*	PANEDSS
131302	PADOLTCF	LAUREL SQUARE HEALTHCARE & REHAB CENTER	PHILADELPHIA	PHILADELPHIA		25	0	5	PANEDSS
193802	PADOLTCF	LIBERTY CENTER FOR REHAB AND NURSING	PHILADELPHIA	PHILADELPHIA		35	0	5	PANEDSS
033002	PADOLTCF	MAPLEWOOD NURSING & REHABILITATION CTR	PHILADELPHIA	PHILADELPHIA		91	0	30	PANEDSS
011402	PADOLTCF	OAKWOOD HEALTHCARE & REHAB CENTER	PHILADELPHIA	PHILADELPHIA		12	0	*	PANEDSS
161902	PADOLTCF	PAULS RUN	PHILADELPHIA	PHILADELPHIA		111	0	4	PANEDSS
941002	PADOLTCF	PENNYPAK NURSING AND REHAB CENTER	PHILADELPHIA	PHILADELPHIA		7	0	*	PANEDSS
163902	PADOLTCF	PHILADELPHIA NURSING HOME	PHILADELPHIA	PHILADELPHIA		58	0	9	PANEDSS
681002	PADOLTCF	PHILADELPHIA PROTESTANT HOME	PHILADELPHIA	PHILADELPHIA		*	0	0	PANEDSS
200402	PADOLTCF	POWERBACK REHABILITATION 1526 LOMBARD ST	PHILADELPHIA	PHILADELPHIA		19	0	5	PANEDSS
421102	PADOLTCF	PRESBYTERIAN CENTER FOR CONTINUING CARE	PHILADELPHIA	PHILADELPHIA		0	0	0	PANEDSS
420302	PADOLTCF	REVAISSANCE HEALTHCARE & REHAB CENTER	PHILADELPHIA	PHILADELPHIA		0	0	0	PANEDSS

183502	PADOLTCF	RIVERS EDGE NURSING & REHAB CENTER	PHILADELPHIA	PHILADELPHIA		32	0	0	5	PANEDSS
192802	PADOLTCF	SIMPSON HOUSE INC	PHILADELPHIA	PHILADELPHIA		7	0	0	0	PANEDSS
131602	PADOLTCF	SOMERSON NURSING & REHABILITATION CENTER	PHILADELPHIA	PHILADELPHIA		42	0	0	0	PANEDSS
127502	PADOLTCF	SPRINGS AT THE WATERMARK	PHILADELPHIA	PHILADELPHIA		59	0	0	16	PANEDSS
450602	PADOLTCF	ST IGNATIUS NURSING & REHAB CENTER	PHILADELPHIA	PHILADELPHIA		11	0	0	9	PANEDSS
452202	PADOLTCF	ST JOHN NEUMANN CENTER FOR REHAB & HLTHCARE	PHILADELPHIA	PHILADELPHIA		74	0	0	21	PANEDSS
232602	PADOLTCF	ST MONICA CENTER FOR REHAB & HEALTHCARE	PHILADELPHIA	PHILADELPHIA		35	0	0	10	PANEDSS
400302	PADOLTCF	TRANSITIONAL CARE UNIT AT NAZARETH HOSP	PHILADELPHIA	PHILADELPHIA		6	0	0	0	PANEDSS
369402	PADOLTCF	TUCKER HOUSE NURSING & REHAB CENTER	PHILADELPHIA	PHILADELPHIA		48	0	0	12	PANEDSS
24780201	PADOLTCF	TULIP SPECIAL CARE, LLC	PHILADELPHIA	PHILADELPHIA		12	0	0	0	PANEDSS
455502	PADOLTCF	WESTLEY ENHANCED LIVING AT STAPLEY	PHILADELPHIA	PHILADELPHIA		0	0	0	0	PANEDSS
311202	PADOLTCF	WESTLEY ENHANCED LIVING PENNYPACK PARK	PHILADELPHIA	PHILADELPHIA		14	0	0	6	PANEDSS
072102	PADOLTCF	WILLOW TERRACE	PHILADELPHIA	PHILADELPHIA		28	0	0	6	PANEDSS
232002	PADOLTCF	WILLOWCREST	PHILADELPHIA	PHILADELPHIA		7	0	0	0	PANEDSS
023802	PADOLTCF	YORK NURSING & REHABILITATION CENTER	PHILADELPHIA	PHILADELPHIA		86	0	0	27	PANEDSS
2521060007	DHSPCH	ALLANCE SENIOR HOME	PIKE	MATAMORAS		0	0	0	0	PANEDSS
2521060005	DHSPCH	BELLE REVE SENIOR LIVING CENTER	PIKE	MILFORD		25	5	0	8	PANEDSS
60010200	PADOLTCF	BELLE REVE HEALTH CARE CENTER	PIKE	MILFORD		10	0	0	0	PANEDSS
2541030001	DHSPCH	LUTHER RIDGE AT SIDERS HILL	SCHUYLKILL	POTTSVILLE		6	0	0	0	PANEDSS
2541060014	DHSPCH	PROVIDENCE PLACE OF POTTSVILLE	SCHUYLKILL	POTTSVILLE		10	0	0	0	PANEDSS
061502	PADOLTCF	GREEN VALLEY SKILLED NURSING & REHAB CTR	SCHUYLKILL	PITTMAN		18	0	0	0	PANEDSS
017902	PADOLTCF	HOMETOWN NURSING & REHABILITATION CENTER	SCHUYLKILL	PITTMAN		0	0	0	0	PANEDSS
383802	PADOLTCF	MANORCARE HEALTH SERVICES POTTSVILLE	SCHUYLKILL	PITTMAN		62	0	0	0	PANEDSS
701002	PADOLTCF	ROSEWOOD REHAB & NURSING CENTER	SCHUYLKILL	SCHUYLKILL HAVEN		0	0	0	0	PANEDSS
453002	PADOLTCF	SCHUYLKILL CENTER	SCHUYLKILL	POTTSVILLE		0	0	0	0	PANEDSS
096902	PADOLTCF	SETON MANOR NURSING & REHABILITATION CTR	SCHUYLKILL	OWISSBURG		0	0	0	0	PANEDSS
190102	PADOLTCF	SHERANDOAH MANOR NURSING CENTER	SCHUYLKILL	SHERANDOAH		16	0	0	0	PANEDSS
271102	PADOLTCF	TREMONT HEALTH & REHABILITATION CENTER	SCHUYLKILL	TREMONT		0	0	0	0	PANEDSS
2581060146	DHSPCH	FOREST CITY PERSONAL CARE	SUSQUEHANNA	FOREST CITY		0	0	0	0	PANEDSS
020502	PADOLTCF	BARNES-KASSON COUNTY HOSPITAL SNF	SUSQUEHANNA	FOREST CITY		41	17	0	14	PANEDSS
061202	PADOLTCF	FOREST CITY NURSING & REHAB CENTER	SUSQUEHANNA	LEWISBURG		0	0	0	0	PANEDSS
2601060109	DHSPCH	ELMCROFT OF LEWISBURG	UNION	LEWISBURG		0	0	0	0	PANEDSS
121702	PADOLTCF	RIVERWOODS	UNION	LEWISBURG		0	0	0	0	PANEDSS
4631060444	DHSPCH	WON VALLEY CARE CENTER	WASHINGTON	MONONGAHELA		0	0	0	0	PANEDSS
126302	PADOLTCF	MANORCARE HEALTH SERVICES PETERS TOWNSHIP	WASHINGTON	MCMURRAY		0	0	0	0	PANEDSS
193302	PADOLTCF	SOUTH HILLS REHAB AND WELLNESS CENTER	WASHINGTON	CANONSBURG		0	0	0	0	PANEDSS
422902	PADOLTCF	SOUTHWIND OF PRESBYTERIAN SENIOR CARE	WASHINGTON	WASHINGTON		0	0	0	0	PANEDSS
2641060172	DHSPCH	BETHANY VILLAGE	WAYNE	BETHANY		0	0	0	0	PANEDSS
4650060003	DHSPCH	LIGONIER GARDENS	WESTMORELAND	LIGONIER		16	0	0	6	PANEDSS
4651060119	DHSPCH	PLEASANT RIDGE MATURE LIVING	WESTMORELAND	LEECHBURG		42	6	0	7	PANEDSS
4651060131	DHSPCH	QUALITY LIFE SERVICES APOLLO	WESTMORELAND	APOLLO		0	0	0	0	PANEDSS
086002	PADOLTCF	HARMON HOUSE CARE CENTER	WESTMORELAND	MOUNT PLEASANT		0	0	0	0	PANEDSS
016702	PADOLTCF	LOYAL HANNA CARE CENTER	WESTMORELAND	LATROBE		30	0	18	6	PANEDSS
134702	PADOLTCF	MARRYSVILLE REHAB AND WELLNESS CENTER	WESTMORELAND	MARRYSVILLE		0	0	0	0	PANEDSS
051202	PADOLTCF	THE GROVE AT LATROBE	WESTMORELAND	LATROBE		43	5	0	8	PANEDSS
020102	PADOLTCF	TRANSITIONS HEALTHCARE NORTH HUNTINGDON	WESTMORELAND	NORTH HUNTINGDON		0	0	0	0	PANEDSS
231002	PADOLTCF	WESTMORELAND MANOR	WESTMORELAND	GREENSBURG		0	0	0	0	PANEDSS
3671060291	DHSPCH	FAIR HAVENS	YORK	HANOVER		0	0	0	0	PANEDSS
3671060386	DHSPCH	SENIOR COMMONS AT POWDER MILL	YORK	HANOVER		0	0	0	0	PANEDSS
590102	PADOLTCF	HANOVER HALL	YORK	HANOVER		13	0	0	0	PANEDSS
900802	PADOLTCF	MANORCARE HEALTH SERVICES DALLASTOWN	YORK	DALLASTOWN		0	0	0	0	PANEDSS
026302	PADOLTCF	MANORCARE HEALTH SERVICES KINGSTON COURT	YORK	YORK		0	0	0	0	PANEDSS
280402	PADOLTCF	MANORCARE HEALTH SERVICES YORK SOUTH	YORK	YORK		0	0	0	0	PANEDSS
250102	PADOLTCF	PLEASANT ACRES NURSING & REHAB CENTER	YORK	YORK		0	0	0	0	PANEDSS

FILE NAME: MA1028775200001.04292018183656

AUDIT NUMBER: 17-634

**FINANCIAL AND STATISTICAL REPORT FOR
NURSING FACILITIES AND SERVICES
UNDER THE MEDICAL ASSISTANCE PROGRAM OF THE
DEPARTMENT OF HUMAN SERVICES
COMMONWEALTH OF PENNSYLVANIA**

Certification Schedule

PART I. COST REPORT AND FACILITY INFORMATION				
LINE NO.	DESCRIPTION	RESPONSE		
(1c)	FACILITY NAME	BRIGHTON REHABILITATION & WELLNESS CTR		
(1d)	MA NO.	1028775200001		
(1e)	REPORT BEGIN DATE	01/01/17		
(1f)	REPORT END DATE	12/31/17		
STREET ADDRESS: 246 FRIENDSHIP CIRCLE				
CITY: BEAVER		ZIP: 15009	COUNTY: Beaver	
PART II. FACILITY AFFILIATION INFORMATION				
LINE NO.	QUESTION	YES	NO	
(2a)	Is your facility affiliated with another entity through ownership, management or contractual agreement? If "YES", submit a listing of the components of the entire entity.	X		
(2b)	If "YES", name the entity: Home Office Management Company Other Controlling Entity			
(2c)	Is this a change from the last reporting period?	X		
PART III. CONTACT PERSON'S INFORMATION				
LINE NO.	QUESTION			
(3a)	CONTACT PERSON'S NAME: Michael Neufeld			
(3b)	CONTACT PERSON'S TITLE: CFO			
(3c)	CONTACT PERSON'S EMPLOYER: Brighton Rehabilitation & Wellness Center			
(3d)	CONTACT PERSON'S TELEPHONE NUMBER: 516-561-1800			
(3e)	CONTACT PERSON'S FAX NUMBER: 516-593-4510			
(3f)	CONTACT PERSON'S E-MAIL ADDRESS: mneufeld@chmsgroup.com			
PART IV. PREPARER INFORMATION				
LINE NO.	QUESTION			
(4a)	COST REPORT PREPARED BY (If Other than Facility): B&B CONSULTING			
(4b)	PREPARER'S FIRM NAME (If applicable): B&B Consulting			
(4c)	FIRM TELEPHONE NUMBER: 856-833-1700		DATE: 04/30/2018	
(4d)	FIRM FAX NUMBER:			
(4e)	PREPARER'S E-MAIL ADDRESS: bburdette@BandBconsulting.net			
PART V. CERTIFICATION STATEMENT				
FACILITY OFFICER OR ADMINISTRATOR: PAUL OMROD				
DATE: 04/30/2018				
FACILITY TELEPHONE NUMBER: 609-315-2394			FACILITY FAX NUMBER: 609-315-2395	
FACILITY OFFICER OR ADMINISTRATOR E-MAIL ADDRESS: POMROD@PHG-US.COM				
PART VI. MEDICARE INTERMEDIARY				
LINE NO.	QUESTION			
(6a)	NAME OF MEDICARE INTERMEDIARY: Novitas Medicare Services			

EXHIBIT

7

FILE NAME: MA1028775200001.04292018183656

AUDIT NUMBER: 17-634

SUMMARY**Schedule A**

FACILITY NAME: BRIGHTON REHABILITATION & W MA No: 1028775200001
 REPORT PERIOD BEGIN: 01/01/2017 END: 12/31/2017

PART I. TYPE OF FACILITY		PART II. TYPE OF ORGANIZATION			
Approved as: <input type="text" value="1"/> (1) General (2) Hospital Based (3) Special Rehabilitation (4) County		Type of Organization: <input type="text" value="3"/> (1) Voluntary, Non-Profit (2) Proprietary, Individual (3) Proprietary, Partnership (4) Proprietary, Corporation (5) Proprietary, Other (6) Governmental			

PART III. STATISTICAL DATA	LINE NO.	NURSING FACILITY (A)	RESIDENTIAL & OTHER (B)	TOTAL (C)	DATE OF CHANGE (D)
Beds available at beginning of period	(1a)	589	16	605	
Changes in total beds during period	(1ba)	0	0	0	
	(1bb)	0	0	0	
	(1bc)	0	0	0	
	(1bd)	0	0	0	
Beds available at end of period	(1c)	589	16	605	
Bed days available for period	(2)	214,985	5,840	220,825	
Actual resident days for period (SEE INSTRUCTIONS)	(3)	165,920	5,289	171,209	
Percent overall occupancy (Line (3) / Line (2)) (Round to 4 decimals)	(4)	77.18 %			
Percent MA occupancy (Line (6) / Line (3)) (Round to 4 decimals)	(5)	84.50 %			
Total MA resident days of care	(6)	140,200			

FILE NAME: MA1028775200001.04292018183656

AUDIT NUMBER: 17-634

SUMMARY OF RESIDENT CENSUS RECORDS**Schedule B**

FACILITY NAME: BRIGHTON REHABILITATION & WELMA No: 1028775200001
 REPORT PERIOD BEGIN: 01/01/2017 END: 12/31/2017

DAYS OF CARE												
LINE NO.	MONTH (A)	NURSING FACILITY MA (B)	NURSING FACILITY MA MCO (C)	NURSING FACILITY MA LTCCAP (D)	NURSING FACILITY MA HOSPICE (E)	NURSING FACILITY MEDICARE (F)	NURSING FACILITY ALL OTHER (G)	RESIDENTIAL AND OTHER (H)	TOTAL (I)	LINE NO.	MA (J)	OTHER (K)
(1)	Jan	10,922	27	862	154	2,282	528	446	15,221	(1)	9	0
(2)	Feb	10,001	147	689	202	1,971	479	411	13,900	(2)	16	0
(3)	Mar	11,336	57	641	70	1,611	409	449	14,573	(3)	11	0
(4)	Apr	10,699	57	718	93	1,416	436	446	13,865	(4)	5	0
(5)	May	11,174	103	790	88	1,425	558	438	14,576	(5)	18	0
(6)	Jun	11,028	102	719	139	1,333	506	463	14,290	(6)	42	0
(7)	Jul	11,119	99	765	52	1,202	556	465	14,258	(7)	20	0
(8)	Aug	10,644	124	659	51	1,723	640	484	14,325	(8)	0	0
(9)	Sep	10,589	127	599	34	1,721	547	451	14,068	(9)	1	0
(10)	Oct	10,916	109	585	19	1,378	502	442	13,931	(10)	22	0
(11)	Nov	10,550	93	618	70	1,581	464	418	13,794	(11)	14	0
(12)	Dec	10,783	94	606	97	1,802	650	376	14,408	(12)	42	8
(13)	TOTAL	(4) 129,761	(4) 1,139	(4) 8,231	(4) 1,069	(3) 19,445	(1) 6,275	(2) 5,289	(3) 171,209	(13)	200	8

[1] For Line 13: Column B plus Column C plus Column D plus Column E plus Column F plus Column G must agree to Schedule A, Line 3, Column A.

[2] Line 13 Column H must agree to Schedule A, Line 3, Column B.

[3] Line 13 Column I must agree to Schedule A, Line 3, Column C.

[4] For Line 13: Column B plus Column C plus Column D plus Column E must agree to Schedule A, Line 6, Column A.

COMPUTATION AND ALLOCATION OF ALLOWABLE COSTS (Rounded to Nearest Dollar)

Schedule C

FACILITY NAME: BRIGHTON REHABILITATION & W MA No: 1028775200001
REPORT PERIOD BEGIN: 01/01/2017 END: 12/31/2017

COST CENTERS	LINE NO.	Salary Cost (A)	Fringe Benefits (B)	Other Expenses (C)	Total Expenses (D)	Adjustments (E)	Allowable Cost (F)	ALLOCATION \$		ALLOCATION %		Allocation Basis (K)	LINE NO.
								Nursing Facility (G)	Residential & Other (H)	Nursing Facility (I)	Residential & Other (J)		
I. RESIDENT CARE COSTS													
Nursing	(1)	9,450,900	2,563,233	3,653,219	15,667,352	0	15,667,352	14,899,652	767,700	0.9510	0.0490	Actual	(1)
Director of Nursing/RNAC	(2)	1,394,384	378,179	0	1,772,563	0	1,772,563	1,772,563	0	1.0000	0	Direct Salary	(2)
Related Clinical Staff	(3)	207,700	56,332	5,584	269,616	0	269,616	256,405	13,211	0.9510	0.0490	Actual	(3)
Practitioners	(4)	0	0	0	0	0	0	0	0	1.0000	0	Direct Salary	(4)
Medical Director	(5)	0	0	116,746	116,746	0	116,746	61,000	55,746	0.5225	0.4775	Direct Salary	(5)
Social Services	(6)	525,917	142,637	238,276	430,278	0	430,278	409,194	21,084	0.9510	0.0490	Actual	(6)
Resident Activities	(7)	457,974	124,210	83,760	665,944	0	665,944	665,944	0	1.0000	0	% Resident Days	(7)
Volunteer Services	(8)	0	0	0	0	0	0	0	0	1.0000	0	% Resident Days	(8)
Pharmacy/Prescription Drugs	(9)	0	0	1,026,104	1,026,104	-1,026,104	0	0	0	1.0000	0	Actual Costs	(9)
Over-the-Counter Drugs	(10)	0	0	15,273	15,273	0	15,273	15,273	0	1.0000	0	Actual Costs	(10)
Medical Supplies	(11)	0	0	804,695	804,695	0	804,695	804,695	0	1.0000	0	Actual Costs	(11)
Laboratory and X-rays	(12)	0	0	102,221	102,221	-102,221	0	0	0	1.0000	0	Actual Costs	(12)
Physical, Occupational & Speech Therapy	(13)	0	0	3,670,582	3,670,582	-641,020	3,029,562	3,029,562	0	1.0000	0	Actual Costs	(13)
Oxygen	(14)	290,375	78,754	93,986	463,115	0	463,115	463,115	0	1.0000	0	Actual Costs	(14)
Beauty and Barber Services	(15)	0	0	72,000	72,000	0	72,000	72,000	0	1.0000	0	Actual Costs	(15)
RC Minor Movable Property	(16)	0	0	0	0	71,974	71,974	71,974	0	1.0000	0	Actual	(16)
Nurse Aide Training	(17)	0	0	0	0	0	0	0	0	1.0000	0	Actual Costs	(17)
Other	(18)	0	0	0	0	0	0	0	0	1.0000	0	Actual Costs	(18)
LTSR	(19)	0	0	0	0	0	0	0	0	1.0000	0	Actual Costs	(19)
Total Resident Care Costs	(20)	12,327,250	3,343,345	9,405,894	25,076,489	-1,697,371	23,379,118	22,521,377	857,741	0.9510	0.0490	Actual	(20)
II. OTHER RESIDENT RELATED													
Dietary and Food	(21)	1,926,020	522,367	1,390,825	3,839,212	0	3,839,212	3,708,679	130,533	0.9660	0.0340	# Meals Served	(21)
Laundry & Linens	(22)	266,634	72,315	511,228	850,177	0	850,177	847,116	3,061	0.9964	0.0036	Actual	(22)
Housekeeping	(23)	0	0	1,701,001	1,701,001	-5,120	1,695,881	1,617,362	78,519	0.9537	0.0463	Sq Ft	(23)
Plant Operation and Maintenance	(24)	1,044,940	283,404	1,563,125	2,891,469	-8,168	2,883,301	2,748,850	133,451	0.9537	0.0463	Sq Ft	(24)
ORR Minor Movable Property	(25)	0	0	0	0	6,000	6,000	5,722	278	0.9537	0.0463	Sq Ft	(25)
Other	(26)	0	0	0	0	0	0	0	0	1.0000	0	Actual Costs	(26)
Other	(27)	0	0	0	0	0	0	0	0	1.0000	0	Actual Costs	(27)
Total Other Resident Related Costs	(28)	3,237,594	878,086	5,166,179	9,281,859	-8,288	9,273,571	8,927,729	345,842	0.9537	0.0463	Actual Costs	(28)
III. ADMINISTRATIVE COSTS													
Administrative (Schedule G)	(29)	940,416	255,056	4,016,335	5,211,807	-1,741,414	3,470,393	3,342,335	128,058	0.9631	0.0369	Total NO Cost	(29)
Total Net Operating (NO) Costs	(30)	16,505,260	4,476,487	18,588,408	39,570,155	-3,447,073	36,123,082	34,791,441	1,331,641	0.9631	0.0369	Total NO Cost	(30)
IV. CAPITAL COSTS													
Real Estate Taxes	(31)	0	0	721,943	721,943	27,662	749,605	714,898	34,707	0.9537	0.0463	Sq Ft	(31)
Major Movable Property	(32)	0	0	482,776	482,776	-145,147	317,629	302,923	14,706	0.9537	0.0463	Sq Ft	(32)
Nursing Facility Assessment/HAI Assessment	(33)	0	0	4,883,277	4,883,277	0	0	0	0	1.0000	0	Actual	(33)
Depreciation	(34)	0	0	321,303	321,303	0	0	0	0	1.0000	0	Actual	(34)
Interest on Capital Indebtedness	(35)	0	0	0	0	0	0	0	0	1.0000	0	Actual	(35)
Rent on Facility	(36)	0	0	5,100,000	5,100,000	0	0	0	0	1.0000	0	Actual	(36)
Amortization-Capital Costs	(37)	0	0	130,038	130,038	0	0	0	0	1.0000	0	Actual	(37)
Other	(38)	0	0	0	0	0	0	0	0	1.0000	0	Actual	(38)
Total Capital Costs	(39)	0	0	11,619,337	11,619,337	0	0	0	0	1.0000	0	Actual	(39)
Total All Costs	(40)	16,505,260	4,476,487	30,207,745	51,189,492	-3,504,558	47,694,934	46,713,166	981,328	0.9537	0.0463	Actual	(40)

FILE NAME: MA1028775200001.04292018183656

AUDIT NUMBER: 17-634

**REVENUES AND
ADJUSTMENTS
TO REVENUES****Schedule D**FACILITY NAME: BRIGHTON REHABILITATION &
REPORT PERIOD BEGIN: 01/01/2017MA No: 1028775200001
END: 12/31/2017

REVENUES	LINE NO.	MEDICAL ASSISTANCE (A)	MEDICARE PART A (B)	MEDICARE PART B (C)	PRIVATE PAY & OTHER (D)	TOTAL GENERAL LEDGER (E)	NURSING FACILITY (F)	RESIDENTIAL & OTHER (G)	REVENUE ADJUSTMENTS TO SCHEDULE C (H)	SCHEDULE C LINE NUMBER (I)
I. RESIDENT										
Nursing Care Practitioners	(1)	37,860,328	2,118,962		7,990,542	47,969,832	47,969,832	0	0	Line 1
Pharmacy-Prescription Drugs	(2)	0	0	0	0	0	0	0	0	Line 4
Over-the-Counter Drugs	(3)	442	0	0	14	456	456	0	-1,026,104	Line 9
Medical Supplies	(4)	0	0	0	0	0	0	0	0	Line 10
Laboratory and X-rays	(5)	0	0	0	0	0	0	0	0	Line 11
Physical, Occupational & Speech Therapy	(6)	0	0	0	0	0	0	0	-102,221	Line 12
Oxygen	(7)	169,636	225,575	1,617,656	235,055	2,247,922	2,247,922	0	0	Line 13
Beauty and Barber Services	(8)	0	0	0	0	0	0	0	0	Line 14
Exceptional DME Grant Payments	(9)	0	0	0	0	0	0	0	0	Line 15
	(10)	0	0	0	0	0	0	0	0	Submit Schedule
	(11)	0	0	0	0	0	0	0	0	
	(12)	0	0	0	0	0	0	0	0	
II. OTHER										
Guest and Employee Meals	(13)				0	0	0	0	0	Line 21
Discounts	(14)				0	0	0	0	0	Line 29
Vending Machines	(15)				0	0	0	0	0	Line 29
Television	(16)				0	0	0	0	0	Line 24
Telephone	(17)				0	0	0	0	0	Line 29
Unrestricted Interest/Investment Income	(18)				0	0	0	0	0	Line 29
Miscellaneous: If any line 19 - 21 greater than \$500, provide separate detail with source & amounts	(19)	0	0	0	1,696,939	1,696,939	1,696,939	0	-126,742	Line 29
Laundry Income	(20)	0	0	0	0	0	0	0	0	Line 22
	(21)	0	0	0	0	0	0	0	0	
TOTAL: GROSS REVENUES (Add Lines 1 - 21)	(22)	38,030,406	2,344,537	1,617,656	9,922,550	51,915,149	51,915,149	0	0	
III. DEDUCTIONS FROM REVENUES										
Uncollectible Accounts	(23)	0	0	0	0	0	0	0	0	Line 29
Contractual Adjustments	(24)	-1,570,905	-1,968,764	6,212	-676,694	-4,210,151	-4,210,151	0	0	
	(25)	0	0	0	0	0	0	0	0	
Subtotal: Deductions	(26)	-1,570,905	-1,968,764	6,212	-676,694	-4,210,151	-4,210,151	0	0	
NET REVENUE (Line 22 minus Line 26)	(27)	39,601,311	4,313,301	1,611,444	10,599,244	56,125,300	56,125,300	0	0	
LESS: EXPENSES (Sch. C, Line 40, Column D)	(28)									
NET INCOME (LOSS)	(29)					51,189,492				
TOTAL SCHEDULE D ADJUSTMENTS	(30a)					4,935,808				
TOTAL SCHEDULE E ADJUSTMENTS	(30b)									
TOTAL ADJUSTMENTS	(31)									
									-1,255,067	
									-2,309,491	
									-3,564,558	

FILE NAME: MA1028775200001.04292018183656

AUDIT NUMBER: 17-634

**ADJUSTMENTS
TO EXPENSES**FACILITY NAME: BRIGHTON REHABILITATION &
REPORT PERIOD BEGIN: 01/01/2017**Schedule E**MA No: 1028775200001
END: 12/31/2017

EXPENSES	LINE NO.	EXPENSE ADJUSTMENTS TO SCHEDULE C (A)	SCHEDULE C LINE NUMBER (B)
I. NONALLOWABLE COSTS			
Direct Facility Payments	(1)	0	Submit Schedule
Non-routine Beauty & Barber Expenses	(2)	0	0
Employee and Guest Meals	(3)	0	Line 21
Taxes	(4)	0	Line 29
Free Care or Discounted Services	(5)	0	0
Other Interest	(6)	0	Line 29
Personal TV	(7)	0	Line 24
Non Allowable A&G Costs From Sch G-1	(8)	-1,495,562	Line 29
II. EXPENSES NOT NECESSARY TO RESIDENT CARE			
Travel/Entertainment	(9)	0	Line 29
Dues and Subscriptions	(10)	0	Line 29
Promotional Advertising	(11)	-78,652	Line 29
0	(12)	0	Line 29
III. EXPENSE ADJUSTMENTS			
Part B Services	(13)	-722,574	Submit Schedule
Home Office - Adjustment to Cost	(14)	0	Line 29
Compensation for Services of Sole Proprietors and Partners	(15)	0	Line 29
Cost of Major Movable Property	(16)	105,718	Line 32
Real Estate Taxes	(17)	28,882	Line 31
Legal Fees	(18)	0	Line 29
Excess Administrative Cost (Schedule G)	(19)	0	Line 29
Related Party Profit (Schedule K, Line 16)	(20)	0	Line 29
Major Moveable Equip Reclass	(21)	-147,303	Various
IV. NONALLOWABLE COST CENTERS			
Identify:			
Housekeeping	(22)	0	Line 23
Plant Operation & Maintenance	(23)	0	Line 24
Administrative Costs	(24)	0	Line 29
Real Estate Taxes	(25)	0	Line 31
0	(26)	0	0
TOTAL SCHEDULE E ADJUSTMENTS	(27)	-2,309,491	

FILE NAME: MA1028775200001.04292018183656

AUDIT NUMBER: 17-634

DEPRECIATION**Schedule F**FACILITY NAME: BRIGHTON REHABILITATION & W
REPORT PERIOD BEGIN: 01/01/2017MA No: 1028775200001
END: 12/31/2017

PROPERTY, PLANT AND EQUIPMENT (1)	LINE NO.	Date Acquired (A)	Cost or Other Basis (B)	Accumulated Depreciation To Date (C)	Method of Computing Depreciation (D)	Life or Rate (E)	Depreciation Expense For Period (F)
Land	(1)	Various	0				
Buildings	(2)	Various	0	0	Straight Line	Various	0
Fixed Equipment	(3)	Various	0	0	Straight Line	Various	0
Other:Leasehold Improvment	(4)	Various	3,401,382	989,972	Straight Line	Various	321,303
Subtotal	(5)		3,401,382	989,972			321,303
Movable Property	(6)	Various	1,183,004	0	Straight Line	Various	0
Other Movable (specify)	(7)	Various	0	0	Straight Line	Various	0
Transportation Equipment	(8)	Various	0	0	Straight Line	Various	0
Other:	(9)	Various	0	0	Straight Line	Various	0
Other:	(10)	Various	0	0	Straight Line	Various	0
TOTAL	(11)		4,584,386	989,972 (2)			321,303 (3)

(1) Submit a schedule of additions and deletions since the last report period as outlined in Required.

Supporting Documents for PPE.

(2) Difference between Column B and Column C must equal amount shown on Schedule L, Line 13, Column A.

(3) Line 11, Column F must agree with amount shown on Schedule C, Line 34, Column D.

FILE NAME: MA1028775200001.04292018183656

AUDIT NUMBER: 17-634

**ADMINISTRATIVE
COSTS****Schedule G**FACILITY NAME: BRIGHTON REHABILITATION & W MA No: 1028775200001
REPORT PERIOD BEGIN: 01/01/2017 END: 12/31/2017

	LINE NO.	SALARY COST (A)	FRINGE BENEFITS (B)	OTHER EXPENSES (C)	TOTAL EXPENSES (D)
Administrator	(1)	151,399	41,062	0	192,461
Office Personnel	(2)	789,017	213,994	0	1,003,011
Management Fees	(3)	0	0	1,247,412	1,247,412
Home Office Costs	(4)	0	0	0	0
Professional Services	(5)	0	0	156,591	156,591
Determination of Eligibility	(6)	0	0	0	0
Gift Shop	(7)	0	0	0	0
Advertising	(8)			78,652	78,652
Travel / Entertainment	(9)			68,784	68,784
Telephone	(10)			50,624	50,624
Insurance	(11)			436,294	436,294
Other Interest	(12)			0	0
Legal Fees	(13)			287,609	287,609
Federal/State Corporate/Capital Stock Tax	(14)			0	0
Office Supplies	(15)			49,848	49,848
Amortization - Administrative Costs	(16)			0	0
Officers' Life Insurance	(17)			0	0
Admin Minor Movable Property	(18)			0	0
Other: (If greater than \$1,000, provide separate listing)	(19)			1,640,521	1,640,521
Total Administrative Costs (Schedule C, Line 29)	(20)	940,416	255,056	4,016,335	5,211,807

ADMINISTRATIVE ALLOWANCE COMPUTATION			
This computation should be made only after all other Schedule D and Schedule E adjustments.			
Total Net Operating Costs (Schedule C, Column F, Line 30)	(21)	36,123,082	
Administrative Costs (Schedule C, Column F, Line 29)	(22)	3,470,393	
Subtract Line 22 from Line 21	(23)	32,652,689	
Limit on Administrative Costs (Line 23 divided by .88)	(24)	37,105,328	
Excess Administrative Costs (Subtract Line 24 from Line 21. Enter 0 if answer is negative. Enter on Schedule E, Line 19.)	(25)	0	

FILE NAME: MA1028775200001.04292018183656

AUDIT NUMBER: 17-634

NURSING CARE STAFFING

(Only for Nursing Facility Services)

Schedule HFACILITY NAME: BRIGHTON REHABILITATION & W
REPORT PERIOD BEGIN: 01/01/2017MA No: 1028775200001
END: 12/31/2017

EMPLOYEES						
POSITION	LINE NO.	Salary Cost / Fees (A)	Fringe Benefits (B)	Hours Paid (C)	Hours Worked (D)	Number of Full Time Employees or Equivalents at Year End (E)
Registered Nurses	(1)	1,176,297	319,123	53,720	45,807	26
Licensed Practical Nurses	(2)	2,339,168	634,400	94,972	82,208	46
Nurse Aides	(3)	5,278,641	1,431,566	305,477	265,307	147
Orderlies / Attendants	(4)	0	0	0	0	0
Other (Restorative/LTSR)	(5)	656,794	178,144	36,227	31,767	17
Subtotal	(6)	9,450,900	2,563,233	490,396	425,089	236
REGISTRY / POOLED / CONTRACT STAFF						
Registered Nurses	(7)	17,919		496	496	0
Licensed Practical Nurses	(8)	1,521,171		41,412	41,412	20
Nurse Aides	(9)	798,969		33,998	33,998	16
Orderlies / Attendants	(10)	0		0	0	0
Other (Restorative/LTSR)	(11)	21,084		228	228	0
Subtotal	(12)	2,359,143		76,134	76,134	36
Total Nursing Care	(13)	14,373,276 ^[1]		566,530	501,223	272

[1] Add Line 6, Column A; Line 6, Column B; and Line 12, Column A

FILE NAME: MA1028775200001.04292018183656

AUDIT NUMBER: 17-634

**SUPPLEMENTAL
QUESTIONNAIRE****Schedule I**FACILITY NAME: BRIGHTON REHABILITATION &
REPORT PERIOD BEGIN: 01/01/2017MA No: 1028775200001
END: 12/31/2017

LINE NO.		YES	NO	LINE NO.
(1)	Has interest/investment income from sources other than donor restricted or specifically excluded by Medical Assistance Regulations been offset on Schedule D, Line 18?	X		(1)
(1a)	If "NO", please state amount of income not offset.	0		(1a)
(2)	Have all costs for nonresident meals been deducted from dietary and food expense?	X		(2)
(2a)	State actual number of meals served: Nursing facility resident meals	497,304		(2a)
(2b)	Resident days times three is <u>NOT</u> acceptable. Non-nursing facility resident meals	17,520		(2b)
(2c)	Employee meals	0		(2c)
(2d)	Volunteer meals	0		(2d)
(2e)	Visitor meals	0		(2e)
(2f)	Provide supporting documentation as prescribed in Other (identify):	0		(2f)
(2g)	Required Supporting Documentation Section. Total, all meals	514,824		(2g)
(3)	Has personal laundry expense for dry cleaning, mending, or other specialty laundry services been deducted from reported laundry expense?	X		(3)
(3a)	If "NO", state total specialty laundry expense.	0		(3a)
(4)	Have any capital assets with an acquisition cost of \$500 or more been expensed in net operating costs? If "YES", submit detail and identify Schedule C line item.		X	(4)
(5)	Have any administrative expenses been included in any other allowable cost centers (e.g., telephone expense to any other category such as Nursing)? If "YES", submit a schedule showing cost category, basis of allocation, and amount allocated for each line item.		X	(5)
(6)	Does the nursing facility share costs or services with another area or entity such as a residential or personal care facility? Identify: LTSR, Dialysis If "YES", shared costs must be allocated per Schedule C instructions.	X		(6)
(7)	What is the total square footage of the facility?	265,786		(7)
(7a)	What is the total square footage of the facility used for nursing facility services?	257,397		(7a)
(8)	Do you have any nonallowable cost centers in the facility (such as a gift shop, snack shop, administrator's or other employee's living quarters, and/or other areas not related to resident care)? Identify: LTSR, Dialysis	X		(8)
(8a)	What is the total square footage of the nonallowable cost centers?	8,389		(8a)
(9)	Have indirect costs applicable to nonallowable cost centers been eliminated on Schedule E?	X		(9)

SUPPLEMENTAL QUESTIONNAIRE

Schedule I

FACILITY NAME: BRIGHTON REHABILITATION &
REPORT PERIOD BEGIN: 01/01/2017

MA No: 1028775200001
END: 12/31/2017

LINE NO.			YES	NO	LINE NO.	
(10a)	List the annual gross salaries/wages and fringe benefits and/or contracted amounts for the report period for the following personnel:	Administrator	146,655	39,775	0	(10a)
(10b)		Assistant/Associate Administrator	0	0	0	(10b)
(10c)		Chief Dietitian	144,058	39,071	0	(10c)
(10d)		Chief of Fiscal Services	34,697	9,410	0	(10d)
(10e)		Director of Housekeeping	0	0	0	(10e)
(10f)		Director of Nursing	122,144	33,127	0	(10f)
(10g)		Facility Engineer	74,276	20,145	0	(10g)
(10h)		All Approved Feeding Assistants while providing specific duties	0	0	0	(10h)
(11)	Does the facility employ any individuals who are related to the owner(s) or officers/directors?			X		(11)
	If "YES", submit a separate schedule identifying Name, Title and/or Function, number of hours worked per week, salaries/wages, fringe benefits, and line of Schedule C on which this is recorded.					
(12)	Have all personal expenses been excluded from the cost report? (Examples: direct or indirect payment for administrator's or owners/employee's living quarters or expenses, personal portion of company car, trips, conventions, meals and lodging, phone, entertainment, etc.)		X			(12)
	If "NO", please provide specific details including amounts, Schedule, and line on which this is recorded.					
(13)	Were there any loans, notes or advances to officers, employees, members of the Board of Directors, or owners due to the facility during the report period?			X		(13)
	If "YES", submit a separate schedule identifying to whom, amount, and interest during report period.					
(14)	Were there any working capital loans, notes or advances from officers, employees, members of the Board of Directors, or owners due from the facility during the report period?			X		(14)
	If "YES", submit a schedule identifying name of lender, purpose of loan, period of loan, interest rate, interest expense and balance of loan at end of report period.					
(15)	Has an adjustment been made for those types of expenses that were disallowed in prior audits or are otherwise nonallowable?			X		(15)
(16)	Is the facility a Continuing Care Retirement Community (CCRC)?			X		(16)
(17)	Is it the formal or informal policy of the facility to require an admission fee on or before the date of admission?			X		(17)

FILE NAME: MA1028775200001.04292018183656

AUDIT NUMBER: 17-634

**STATEMENTS OF COMPENSATION
OF OWNERS, DIRECTORS, AND RELATED INDIVIDUALS****Schedule J**

SCHEDULE J COMPLETED? No

FACILITY NAME: BRIGHTON REHABILITATION &
REPORT PERIOD BEGIN: 01/01/2017MA No: 1028775200001
END: 12/31/2017

LINE NO.	NAME (A)	Reserved (B)	Title/ Function (C)	Business Organization			Time Devoted to Nursing Facility Work		Compensation Included In Allowable Cost		LINE NO.
				Type (D)	% Owned (E)	% P & L (F)	# Hours/ Week (G)	% Time/ Week (H)	\$ (I)	Schedule C Line # (J)	
(1)											(1)
(2)											(2)
(3)											(3)
(4)											(4)
(5)											(5)
(6)											(6)
(7)											(7)
(8)											(8)
(9)											(9)
(10)											(10)
(11)											(11)
(12)											(12)
(13)											(13)
(14)											(14)
(15)											(15)

FILE NAME: MA1028775200001.04292018183656

AUDIT NUMBER: 17-634

**FACILITY TRANSACTIONS
WITH RELATED PARTIES****Schedule K**FACILITY NAME: BRIGHTON REHABILITATION &
REPORT PERIOD BEGIN: 01/01/2017MA No: 1028775200001
END: 12/31/2017

SCHEDULE K COMPLETED? Yes

TRANSACTIONS WITH RELATED PARTIES ARE INCLUDED IN:

LINE NO.	Sch C Line # (A)	Sch C Amount (B)	Amount of Profit (C)	Position Service or Supply (D)	Name of Related Business (E)	EIN (F)	Owner(s) of Related Business (G)	% Ownership In Nursing Facility (H)	% Ownership In Related Business (I)	LINE NO.
(1)										(1)
(2)	29	1,247,412	0	Management	Comprehensive HC Management Services Group	47-2772091	See Attached	1.0000	1.0000	(2)
(3)										(3)
(4)										(4)
(5)										(5)
(6)										(6)
(7)										(7)
(8)										(8)
(9)										(9)
(10)										(10)
(11)										(11)
(12)										(12)
(13)										(13)
(14)										(14)
(15)			0							(15)
(16)			0							(16)

Line 15 = Total Column C Profits from any additional Schedule K. Leave blank if no additional lines greater than 14 are needed.

Line 16 = Total Profit for Schedule K in Column C. Must agree with Schedule E, Line 20, Column A.

FILE NAME: MA1028775200001.04292018183656

AUDIT NUMBER: 17-634

**COMPARATIVE
BALANCE SHEET****Schedule L**

SCHEDULE L COMPLETED? Yes

FACILITY NAME: BRIGHTON REHABILITATION &
REPORT PERIOD BEGIN: 01/01/2017MA No: 1028775200001
END: 12/31/2017

	LINE NO.	END OF CURRENT PERIOD (A)	END OF PRIOR PERIOD (B)
CURRENT ASSETS			
Cash on hand and in banks	(1)	1,408,802	1,865,875
Accounts and notes receivable (Less allowance 0)	(2)	17,703,377	14,258,531
Inventories (priced at Cost)	(3)	0	0
Investments	(4)	0	0
Prepaid expenses	(5)	411,299	704,974
Total Current Assets	(6)	19,523,478	16,829,380
PROPERTY, PLANT AND EQUIPMENT			
Land	(7)	0	0
Buildings	(8)	0	0
Leasehold improvements	(9)	3,401,382	2,467,513
Equipment	(10)	1,183,004	1,027,314
Total property, plant and equipment	(11)	4,584,386	3,494,827
Less accumulated depreciation	(12)	989,972	538,630
Net Property, Plant and Equipment	(13)	3,594,414	2,956,197
OTHER ASSETS			
Notes receivable	(14)	0	0
Other assets	(15)	-2,770,361	-2,366,811
TOTAL ASSETS	(16)	20,347,531	17,418,766
CURRENT LIABILITIES			
Accounts payable	(17)	6,818,059	4,961,905
Notes payable	(18)	12,796,259	5,922,815
Accrued salaries, wages, fees payable	(19)	1,887,589	1,931,078
Deferred income	(20)	0	0
Total Current Liabilities	(21)	21,501,907	12,815,798
LONG-TERM LIABILITIES			
Mortgage payable	(22)	0	0
Notes payable	(23)	0	0
Other	(24)	-711,506	93,767
TOTAL LIABILITIES	(25)	20,790,401	12,909,565
CAPITAL			
Owner's equity (proprietary or partnership)	(26)	-5,378,678	854,578
Capital stock outstanding (corporation)	(27)	0	0
Retained earnings (R/E) - beginning of year	(28)	0	-127,557
Current year's operating profit (loss)	(29)	4,935,808	3,782,180
Other R/E account transactions (net)	(30)	0	0
Balance, end of year	(31)	4,935,808	3,654,623
Total Capital	(32)	-442,870	4,509,201
TOTAL LIABILITIES AND CAPITAL	(33)	20,347,531	17,418,766

FILE NAME: MA1028775200001.04292018183656

AUDIT NUMBER: 17-634

**PRIVATE PAY AND
MEDICARE RATE
CERTIFICATION
STATEMENTS**FACILITY NAME: BRIGHTON REHABILITATION &
REPORT PERIOD BEGIN: 01/01/2017**Schedule MA-58**MA No: 1028775200001
END: 12/31/2017**PART I. PRIVATE PAY RATE**

LINE NO.	QUESTION	YES	NO
(1a)	During the report period, did the Medical Assistance rate charged to the Department exceed the usual and customary charges made to the general public for a room?		X
(1b)	If YES, give all-inclusive or room and board plus ancillary private pay rate.		

If NO, sign and date the following certification statement that will appear on the Certification Report.

FACILITY OFFICER OR ADMINISTRATOR: PAUL OMROD

DATE: 04/30/2018

PART II. MEDICARE RATE

LINE NO.	QUESTION	YES	NO
(2a)	Indicate the Medicare rate that was in effect during the MA-11 report period (submit schedule).	401.31	
(2b)	Indicate the effective date of the Medicare rate.	10/01/2017	
(2c)	Indicate whether the Medicare rate is an audited rate.		X

If Medicare Rate (2a) is completed, sign and date the following certification statement that will appear on the Certification Report.

FACILITY OFFICER OR ADMINISTRATOR: PAUL OMROD

DATE: 04/30/2018

PART III. ADMINISTRATOR INFORMATION

LINE NO.	QUESTION
(3a)	Administrator's Name: Thomas Lowden
(3b)	Administrator's Telephone Number: 724-775-7100
(3c)	Administrator's Fax Number: 724-770-3172
(3d)	Administrator's E-mail Address:

FILE NAME: MA1028775200001.04202019131319

AUDIT NUMBER: 18-397

**FINANCIAL AND STATISTICAL REPORT FOR
NURSING FACILITIES AND SERVICES
UNDER THE MEDICAL ASSISTANCE PROGRAM OF THE
DEPARTMENT OF HUMAN SERVICES
COMMONWEALTH OF PENNSYLVANIA**

Certification Schedule

PART I. COST REPORT AND FACILITY INFORMATION				
LINE NO.	DESCRIPTION	RESPONSE		
(1c)	FACILITY NAME	BRIGHTON REHABILITATION & WELLNESS CTR		
(1d)	MA NO.	1028775200001		
(1e)	REPORT BEGIN DATE	01/01/18		
(1f)	REPORT END DATE	12/31/18		
STREET ADDRESS: 246 FRIENDSHIP CIRCLE				
CITY: BEAVER		ZIP: 15009	COUNTY: Beaver	
PART II. FACILITY AFFILIATION INFORMATION				
LINE NO.	QUESTION	YES	NO	
(2a)	Is your facility affiliated with another entity through ownership, management or contractual agreement? If "YES", submit a listing of the components of the entire entity.	X		
(2b)	If "YES", name the entity: Home Office Management Company Other Controlling Entity		Comprehensive Healthcare Services Manager LLC	
(2c)	Is this a change from the last reporting period?	X		
PART III. CONTACT PERSON'S INFORMATION				
LINE NO.	QUESTION			
(3a)	CONTACT PERSON'S NAME: Michael Neufeld			
(3b)	CONTACT PERSON'S TITLE: CFO			
(3c)	CONTACT PERSON'S EMPLOYER: Brighton Rehabilitation & Wellness Center			
(3d)	CONTACT PERSON'S TELEPHONE NUMBER: 516-561-1800			
(3e)	CONTACT PERSON'S FAX NUMBER: 516-593-4510			
(3f)	CONTACT PERSON'S E-MAIL ADDRESS: mneufeld@chmsgroup.com			
PART IV. PREPARER INFORMATION				
LINE NO.	QUESTION			
(4a)	COST REPORT PREPARED BY (If Other than Facility): B&B CONSULTING			
(4b)	PREPARER'S FIRM NAME (If applicable): B&B Consulting			
(4c)	FIRM TELEPHONE NUMBER: 856-833-1700		DATE: 04/23/2019	
(4d)	FIRM FAX NUMBER:			
(4e)	PREPARER'S E-MAIL ADDRESS: bburdette@BandBconsulting.net			
PART V. CERTIFICATION STATEMENT				
FACILITY OFFICER OR ADMINISTRATOR: PAUL OMROD				
DATE: 04/23/2019				
FACILITY TELEPHONE NUMBER: 610-833-4529			FACILITY FAX NUMBER: 610-833-4429	
FACILITY OFFICER OR ADMINISTRATOR E-MAIL ADDRESS: POMROD@PGH-US.COM				
PART VI. MEDICARE INTERMEDIARY				
LINE NO.	QUESTION			
(6a)	NAME OF MEDICARE INTERMEDIARY: Novitas Medicare Services			



FILE NAME: MA1028775200001.04202019131319

AUDIT NUMBER: 18-397

SUMMARY**Schedule A**

FACILITY NAME: BRIGHTON REHABILITATION & W MA No: 1028775200001
 REPORT PERIOD BEGIN: 01/01/2018 END: 12/31/2018

PART I. TYPE OF FACILITY		PART II. TYPE OF ORGANIZATION				
Approved as: <input type="text" value="1"/> (1) General (2) Hospital Based (3) Special Rehabilitation (4) County		Type of Organization: <input type="text" value="3"/> (1) Voluntary, Non-Profit (2) Proprietary, Individual (3) Proprietary, Partnership (4) Proprietary, Corporation (5) Proprietary, Other (6) Governmental				

PART III. STATISTICAL DATA	LINE NO.	NURSING FACILITY (A)	RESIDENTIAL & OTHER (B)	TOTAL (C)	DATE OF CHANGE (D)
Beds available at beginning of period	(1a)	589	16	605	
Changes in total beds during period	(1ba)	0	0	0	
	(1bb)	0	0	0	
	(1bc)	0	0	0	
	(1bd)	0	0	0	
Beds available at end of period	(1c)	589	16	605	
Bed days available for period	(2)	214,985	5,840	220,825	
Actual resident days for period (SEE INSTRUCTIONS)	(3)	166,697	5,169	171,866	
Percent overall occupancy (Line (3) / Line (2)) (Round to 4 decimals)	(4)	77.54 %			
Percent MA occupancy (Line (6) / Line (3)) (Round to 4 decimals)	(5)	82.11 %			
Total MA resident days of care	(6)	136,878			

FILE NAME: MA1028775200001.04202019131319

AUDIT NUMBER: 18-397

SUMMARY OF RESIDENT CENSUS RECORDS**Schedule B**

FACILITY NAME: BRIGHTON REHABILITATION & WELMA No: 1028775200001
 REPORT PERIOD BEGIN: 01/01/2018
 END: 12/31/2018

DAYS OF CARE												
LINE NO.	MONTH	NURSING FACILITY MA FEE FOR SERVICE (B)	NURSING FACILITY MA COMMUNITY HEALTHCHOICES (C)	NURSING FACILITY MA HEALTHCHOICES (D)	NURSING FACILITY MA LIFE (E)	NURSING FACILITY MA HOSPICE (F)	NURSING FACILITY MEDICARE (G)	NURSING FACILITY ALL OTHER (H)	RESIDENTIAL AND OTHER (I)	TOTAL (J)	LINE NO.	NURSING FACILITY HOSPITAL LEAVE DAYS MA OTHER (K) (L)
(1)	Jan	1,368	9,719	34	631	205	1,316	1,647	331	15,251	(1)	0
(2)	Feb	1,211	8,273	80	502	158	1,104	1,656	345	13,329	(2)	0
(3)	Mar	1,581	9,504	99	534	133	1,185	1,634	471	15,141	(3)	0
(4)	Apr	1,329	9,340	74	677	173	810	1,757	462	14,622	(4)	0
(5)	May	1,349	9,738	4	624	81	865	1,642	462	14,765	(5)	0
(6)	Jun	1,437	9,318	34	517	50	1,025	1,444	448	14,273	(6)	0
(7)	Jul	1,682	9,326	35	430	88	916	1,312	475	14,264	(7)	0
(8)	Aug	1,922	9,076	91	426	51	630	1,678	458	14,332	(8)	0
(9)	Sep	1,901	8,592	63	499	66	698	1,610	397	13,826	(9)	0
(10)	Oct	2,132	8,443	107	546	106	665	1,665	396	14,060	(10)	0
(11)	Nov	2,393	7,928	93	494	155	808	1,471	464	13,806	(11)	0
(12)	Dec	2,777	8,034	65	470	110	905	1,376	460	14,197	(12)	6
(13)	TOTAL	(4) 21,082	(1) (4) 107,291	(1) (4) 779	(1) (4) 6,350	(1) (4) 1,376	(1) (4) 10,927	(1) 18,892	(2) 5,169	(3) 171,866	(13)	11

[1] For Line 13: Column B plus Column C plus Column D plus Column E plus Column F plus Column G plus Column H must agree to Schedule A, Line 3, Column A.

[2] Line 13 Column I must agree to Schedule A, Line 3, Column B.

[3] Line 13 Column J must agree to Schedule A, Line 3, Column C.

[4] For Line 13: Column B plus Column C plus Column D plus Column E plus Column F must agree to Schedule A, Line 6, Column A.

FILE NAME: MA1028775200001.04202019131319

AUDIT NUMBER: 18-397

COMPUTATION AND ALLOCATION OF ALLOWABLE COSTS

(Rounded to Nearest Dollar)

Schedule C

FACILITY NAME: BRIGHTON REHABILITATION & W
REPORT PERIOD BEGIN: 01/01/2018
MA NO: 1028775200001
END: 12/31/2018

COST CENTERS	LINE NO.	Salary Cost (A)	Fringe Benefits (B)	Other Expenses (C)	Total Expenses (D)	Adjustments (E)	Allowable Cost (F)	ALLOCATION \$		ALLOCATION %		Allocation Basis (K)	LINE NO.
								Nursing Facility (G)	Residential & Other (H)	Nursing Facility (I)	Residential & Other (J)		
I. RESIDENT CARE COSTS													
Nursing	(1)	9,922,875	2,803,908	3,187,061	15,913,844	0	15,913,844	15,006,755	907,089	0.9430	0.0570	Actual	(1)
Director of Nursing/RNAC	(2)	1,462,123	413,152	0	1,875,275	0	1,875,275	1,875,275	0	1.0000	0	Direct Salary	(2)
Related Clerical Staff	(3)	242,836	68,618	1,372	312,826	0	312,826	284,995	17,831	0.9430	0.0570	Actual	(3)
Practitioners	(4)	0	0	0	0	0	0	0	0	1.0000	0	Direct Salary	(4)
Medical Director	(5)	0	0	114,621	114,621	0	114,621	61,001	53,620	0.5322	0.4678	Direct Salary	(5)
Social Services	(6)	565,738	159,861	259,967	465,632	0	465,632	439,091	26,541	0.9430	0.0570	Actual	(6)
Resident Activities	(7)	482,393	136,310	73,968	692,671	0	692,671	692,671	0	1.0000	0	% Resident Days	(7)
Volunteer Services	(8)	0	0	0	0	0	0	0	0	1.0000	0	% Resident Days	(8)
Pharmacy-Prescription Drugs	(9)	0	0	1,448,742	1,448,742	-1,448,742	0					Actual Costs	(9)
Over-the-Counter Drugs	(10)	0	0	365	365	0	365	365	0	1.0000	0	Actual Costs	(10)
Medical Supplies	(11)	0	0	954,598	954,598	0	954,598	954,598	0	1.0000	0	Actual Costs	(11)
Laboratory and X-rays	(12)	0	0	142,560	142,560	-142,560	0					Actual Costs	(12)
Physical, Occupational & Speech Therapy	(13)	0	0	3,694,888	3,694,888	-1,322,056	2,372,832	2,372,832	0	1.0000	0	Actual Costs	(13)
Oxygen	(14)	285,361	80,634	93,686	459,681	0	459,681	459,681	0	1.0000	0	Actual Costs	(14)
Beauty and Barber Services	(15)	0	0	72,000	72,000	0	72,000	72,000	0	1.0000	0	Actual Costs	(15)
RC Minor Movable Property	(16)	0	0	0	0	0	67,782	67,782	0	1.0000	0	Actual	(16)
Nurse Aide Training	(17)	0	0	0	0	0	0	0	0	1.0000	0	Actual Costs	(17)
Other	(18)	0	0	0	0	0	0	0	0	1.0000	0	Actual Costs	(18)
LTSR	(19)	0	0	0	0	0	0	0	0	1.0000	0	Actual Costs	(19)
Total Resident Care Costs	(20)	12,981,326	3,662,483	9,523,894	26,147,703	-2,845,576	23,302,127	22,297,046	1,005,081				(20)
II. OTHER RESIDENT RELATED													
Dietary and Food	(21)	1,910,396	539,821	1,499,217	3,949,434	-4,087	3,945,347	3,811,600	133,747	0.9661	0.0339	# Meals Served	(21)
Laundry & Linens	(22)	277,033	78,281	535,132	890,446	0	890,446	885,638	4,808	0.9946	0.0054	Actual	(22)
Housekeeping	(23)	0	0	1,509,970	1,509,970	-3,245	1,506,725	1,436,964	69,761	0.9537	0.0463	Sq Ft	(23)
Plant Operation and Maintenance	(24)	342,052	96,654	2,090,457	2,529,163	-16,518	2,512,645	2,396,310	116,335	0.9537	0.0463	Sq Ft	(24)
ORR Minor Movable Property	(25)	0	0	0	0	0	6,000	5,722	278	0.9537	0.0463	Sq Ft	(25)
Other	(26)	0	0	0	0	0	0	0	0	1.0000	0	Actual Costs	(26)
Other	(27)	0	0	0	0	0	0	0	0	1.0000	0	Actual Costs	(27)
Total Other Resident Related Costs	(28)	2,529,481	714,756	5,634,776	8,879,013	-17,850	8,861,163	8,536,234	324,929				(28)
III. ADMINISTRATIVE COSTS													
Administrative (Schedule G)	(29)	618,681	174,821	6,311,721	7,105,223	-3,249,257	3,855,966	3,696,329	159,637	0.9586	0.0414	Total NO Cost	(29)
Total Net Operating (NO) Costs	(30)	16,109,488	4,552,060	21,470,391	42,131,939	-6,112,683	36,019,256	34,529,609	1,489,647				(30)
IV. CAPITAL COSTS													
Real Estate Taxes	(31)			769,169	769,169	-2,462	766,707	731,208	35,499	0.9537	0.0463	Sq Ft	(31)
Major Movable Property	(32)			471,213	471,213	-80,536	390,677	372,589	18,088	0.9537	0.0463	Sq Ft	(32)
Nursing Facility Assessment/HAI Assessment	(33)			4,801,308	4,801,308								(33)
Depreciation	(34)			341,451	341,451								(34)
Interest on Capital Indebtedness	(35)			0	0								(35)
Rent on Facility	(36)			5,100,000	5,100,000								(36)
Amortization-Capital Costs	(37)			220,000	220,000								(37)
Other	(38)			0	0								(38)
Total Capital Costs	(39)			11,703,141	11,703,141	-6,195,681							(39)
Total All Costs	(40)	16,109,488	4,552,060	33,173,532	53,835,080								(40)

FILE NAME: MA1028775200001.04202019131319

AUDIT NUMBER: 18-397

**REVENUES AND
ADJUSTMENTS
TO REVENUES****Schedule D**FACILITY NAME: BRIGHTON REHABILITATION &
REPORT PERIOD BEGIN: 01/01/2018MA No: 1028775200001
END: 12/31/2018

REVENUES	LINE NO.	MEDICAL ASSISTANCE (A)	MEDICARE PART A (B)	MEDICARE PART B (C)	PRIVATE PAY & OTHER (D)	TOTAL GENERAL LEDGER (E)	NURSING FACILITY (F)	RESIDENTIAL & OTHER (G)	REVENUE ADJUSTMENTS TO SCHEDULE C (H)	SCHEDULE C LINE NUMBER (I)
I. RESIDENT										
Nursing Care	(1)	45,973,136	2,402,387		9,971,250	58,346,773	58,346,773	0	0	Line 1
Practitioners	(2)	0	0	0	0	0	0	0	0	Line 4
Pharmacy-Prescription Drugs	(3)	0	0	0	0	0	0	0	-1,448,742	Line 9
Over-the-Counter Drugs	(4)	0	0	0	0	0	0	0	0	Line 10
Medical Supplies	(5)	0	0	0	0	0	0	0	0	Line 11
Laboratory and X-rays	(6)	0	0	0	0	0	0	0	-142,560	Line 12
Physical, Occupational & Speech Therapy	(7)	813,117	5,077,915	3,603,357	49,725	9,544,114	9,544,114	0	0	Line 13
Oxygen	(8)	0	0	0	0	0	0	0	0	Line 14
Beauty and Barber Services	(9)	0	0	0	0	0	0	0	0	Line 15
Exceptional DME Grant Payments	(10)	0	0	0	0	0	0	0	0	Submit Schedule
	(11)	0	0	0	0	0	0	0	0	
	(12)	0	0	0	0	0	0	0	0	
II. OTHER										
Guest and Employee Meals	(13)				0	0	0	0	0	Line 21
Discounts	(14)				0	0	0	0	0	Line 29
Vending Machines	(15)				0	0	0	0	0	Line 29
Television	(16)				0	0	0	0	0	Line 24
Telephone	(17)				0	0	0	0	0	Line 29
Unrestricted Interest/Investment Income	(18)				0	0	0	0	0	Line 29
Miscellaneous: If any line 19 - 21 greater than \$500, provide separate detail with source & amounts	(19)	0	0	0	1,576,800	1,576,800	1,576,800	0	-46,062	Line 29
Laundry Income	(20)	0	0	0	0	0	0	0	0	Line 22
	(21)	0	0	0	0	0	0	0	0	
TOTAL: GROSS REVENUES (Add Lines 1 - 21)	(22)	46,786,253	7,480,302	3,603,357	11,597,775	69,467,687	69,467,687	0	0	
III. DEDUCTIONS FROM REVENUES										
Uncollectible Accounts	(23)	0	0	0	0	0	0	0	0	Line 29
Contractual Adjustments	(24)	7,988,654	3,275,464	2,116,696	48,200	13,429,024	13,429,024	0	0	
	(25)	0	0	0	0	0	0	0	0	
Subtotal: Deductions	(26)	7,988,654	3,275,464	2,116,696	48,200	13,429,024	13,429,024	0	0	
NET REVENUE (Line 22 minus Line 26)	(27)	38,797,599	4,204,838	1,486,661	11,549,575	56,038,663	56,038,663	0	0	
LESS: EXPENSES (Sch. C, Line 40, Column D)	(28)									
NET INCOME (LOSS)	(29)					53,835,080				
TOTAL SCHEDULE D ADJUSTMENTS	(30a)					2,203,583				
TOTAL SCHEDULE E ADJUSTMENTS	(30b)									
TOTAL ADJUSTMENTS	(31)									
									-1,637,364	
									-4,558,317	
									-6,195,681	

FILE NAME: MA1028775200001.04202019131319

AUDIT NUMBER: 18-397

**ADJUSTMENTS
TO EXPENSES**FACILITY NAME: BRIGHTON REHABILITATION &
REPORT PERIOD BEGIN: 01/01/2018**Schedule E**MA No: 1028775200001
END: 12/31/2018

EXPENSES	LINE NO.	EXPENSE ADJUSTMENTS TO SCHEDULE C (A)	SCHEDULE C LINE NUMBER (B)
I. NONALLOWABLE COSTS			
Direct Facility Payments	(1)	0	Submit Schedule
Non-routine Beauty & Barber Expenses	(2)	0	0
Employee and Guest Meals	(3)	-4,087	Line 21
Taxes	(4)	0	Line 29
Free Care or Discounted Services	(5)	0	0
Other Interest	(6)	0	Line 29
Personal TV	(7)	0	Line 24
Non Allowable A&G Costs From Sch G-1	(8)	-3,077,569	Line 29
II. EXPENSES NOT NECESSARY TO RESIDENT CARE			
Travel/Entertainment	(9)	0	Line 29
Dues and Subscriptions	(10)	0	Line 29
Promotional Advertising	(11)	-28,489	Line 29
0	(12)	0	Line 29
III. EXPENSE ADJUSTMENTS			
Part B Services	(13)	-1,468,542	Submit Schedule
Home Office - Adjustment to Cost	(14)	0	Line 29
Compensation for Services of Sole Proprietors and Partners	(15)	0	Line 29
Cost of Major Movable Property	(16)	164,926	Line 32
Real Estate Taxes	(17)	0	Line 31
Legal Fees	(18)	0	Line 29
Excess Administrative Cost (Schedule G)	(19)	0	Line 29
Related Party Profit (Schedule K, Line 16)	(20)	0	Line 29
Major Moveable Equip Reclass	(21)	-144,556	Various
IV. NONALLOWABLE COST CENTERS			
Identify:			
Housekeeping	(22)	0	Line 23
Plant Operation & Maintenance	(23)	0	Line 24
Administrative Costs	(24)	0	Line 29
Real Estate Taxes	(25)	0	Line 31
0	(26)	0	0
TOTAL SCHEDULE E ADJUSTMENTS	(27)	-4,558,317	

FILE NAME: MA1028775200001.04202019131319

AUDIT NUMBER: 18-397

DEPRECIATION**Schedule F**FACILITY NAME: BRIGHTON REHABILITATION & W
REPORT PERIOD BEGIN: 01/01/2018MA No: 1028775200001
END: 12/31/2018

PROPERTY, PLANT AND EQUIPMENT ⁽¹⁾	LINE NO.	Date Acquired (A)	Cost or Other Basis (B)	Accumulated Depreciation To Date (C)	Method of Computing Depreciation (D)	Life or Rate (E)	Depreciation Expense For Period (F)
Land	(1)	Various	0				
Buildings	(2)	Various	0	0	Straight Line	Various	0
Fixed Equipment	(3)	Various	0	0	Straight Line	Various	0
Other:Leasehold Improvment	(4)	Various	4,879,373	842,241	Straight Line	Various	341,451
Subtotal	(5)		4,879,373	842,241			341,451
Movable Property	(6)	Various	1,413,249	0	Straight Line	Various	0
Other Movable (specify)	(7)	Various	0	0	Straight Line	Various	0
Transportation Equipment	(8)	Various	0	0	Straight Line	Various	0
Other:	(9)	Various	0	0	Straight Line	Various	0
Other:	(10)	Various	0	0	Straight Line	Various	0
TOTAL	(11)		6,292,622	842,241 ⁽²⁾			341,451 ⁽³⁾

(1) Submit a schedule of additions and deletions since the last report period as outlined in Required. Supporting Documents for PPE.

(2) Difference between Column B and Column C must equal amount shown on Schedule L, Line 13, Column A.

(3) Line 11, Column F must agree with amount shown on Schedule C, Line 34, Column D.

FILE NAME: MA1028775200001.04202019131319

AUDIT NUMBER: 18-397

**ADMINISTRATIVE
COSTS****Schedule G**FACILITY NAME: BRIGHTON REHABILITATION & W MA No: 1028775200001
REPORT PERIOD BEGIN: 01/01/2018 END: 12/31/2018

	LINE NO.	SALARY COST (A)	FRINGE BENEFITS (B)	OTHER EXPENSES (C)	TOTAL EXPENSES (D)
Administrator	(1)	160,280	45,290	10	205,580
Office Personnel	(2)	458,401	129,531	0	587,932
Management Fees	(3)	0	0	2,097,229	2,097,229
Home Office Costs	(4)	0	0	0	0
Professional Services	(5)	0	0	244,510	244,510
Determination of Eligibility	(6)	0	0	0	0
Gift Shop	(7)	0	0	0	0
Advertising	(8)			28,489	28,489
Travel / Entertainment	(9)			63,425	63,425
Telephone	(10)			54,524	54,524
Insurance	(11)			475,902	475,902
Other Interest	(12)			0	0
Legal Fees	(13)			65,244	65,244
Federal/State Corporate/Capital Stock Tax	(14)			0	0
Office Supplies	(15)			52,995	52,995
Amortization - Administrative Costs	(16)			0	0
Officers' Life Insurance	(17)			0	0
Admin Minor Movable Property	(18)			0	0
Other: (If greater than \$1,000, provide separate listing)	(19)			3,229,393	3,229,393
Total Administrative Costs (Schedule C, Line 29)	(20)	618,681	174,821	6,311,721	7,105,223

ADMINISTRATIVE ALLOWANCE COMPUTATION

This computation should be made only after all other Schedule D and Schedule E adjustments.

Total Net Operating Costs (Schedule C, Column F, Line 30)	(21)	36,019,256	
Administrative Costs (Schedule C, Column F, Line 29)	(22)	3,855,966	
Subtract Line 22 from Line 21	(23)	32,163,290	
Limit on Administrative Costs (Line 23 divided by .88)	(24)	36,549,193	
Excess Administrative Costs (Subtract Line 24 from Line 21. Enter 0 if answer is negative. Enter on Schedule E, Line 19.)	(25)	0	

FILE NAME: MA1028775200001.04202019131319

AUDIT NUMBER: 18-397

NURSING CARE STAFFING

(Only for Nursing Facility Services)

Schedule HFACILITY NAME: BRIGHTON REHABILITATION & W
REPORT PERIOD BEGIN: 01/01/2018MA No: 1028775200001
END: 12/31/2018

EMPLOYEES							
POSITION		LINE NO.	Salary Cost / Fees (A)	Fringe Benefits (B)	Hours Paid (C)	Hours Worked (D)	Number of Full Time Employees or Equivalents at Year End (E)
Registered Nurses		(1)	2,209,561	624,430	67,572	60,793	32
Licensed Practical Nurses		(2)	1,843,281	520,966	69,533	60,806	33
Nurse Aides		(3)	5,049,506	1,426,909	283,059	255,648	136
Orderlies / Attendants		(4)	0	0	0	0	0
Other (Restorative/LTSR)		(5)	820,527	231,603	42,222	37,977	20
Subtotal		(6)	9,922,875	2,803,908	462,386	415,224	221
REGISTRY / POOLED / CONTRACT STAFF							
Registered Nurses		(7)	114,625		2,538	2,538	1
Licensed Practical Nurses		(8)	1,604,217		42,163	42,163	20
Nurse Aides		(9)	1,318,191		53,628	53,628	26
Orderlies / Attendants		(10)	0		0	0	0
Other (Restorative/LTSR)		(11)	167,136		6,800	6,800	3
Subtotal		(12)	3,204,169		105,129	105,129	50
Total Nursing Care		(13)	15,930,952 ^[1]		567,515	520,353	271

[1] Add Line 6, Column A; Line 6, Column B; and Line 12, Column A

FILE NAME: MA1028775200001.04202019131319

AUDIT NUMBER: 18-397

**SUPPLEMENTAL
QUESTIONNAIRE****Schedule I**FACILITY NAME: BRIGHTON REHABILITATION &
REPORT PERIOD BEGIN: 01/01/2018MA No: 1028775200001
END: 12/31/2018

LINE NO.		YES	NO	LINE NO.
(1)	Has interest/investment income from sources other than donor restricted or specifically excluded by Medical Assistance Regulations been offset on Schedule D, Line 18?	X		(1)
(1a)	If "NO", please state amount of income not offset.	0		(1a)
(2)	Have all costs for nonresident meals been deducted from dietary and food expense?	X		(2)
(2a)	State actual number of meals served: Nursing facility resident meals	499,935		(2a)
(2b)	Resident days times three is <u>NOT</u> acceptable. Non-nursing facility resident meals	17,520		(2b)
(2c)	Employee meals	320		(2c)
(2d)	Volunteer meals	135		(2d)
(2e)	Visitor meals	81		(2e)
(2f)	Provide supporting documentation as prescribed in Other (identify):	0		(2f)
(2g)	Required Supporting Documentation Section. Total, all meals	517,991		(2g)
(3)	Has personal laundry expense for dry cleaning, mending, or other specialty laundry services been deducted from reported laundry expense?	X		(3)
(3a)	If "NO", state total specialty laundry expense.	0		(3a)
(4)	Have any capital assets with an acquisition cost of \$500 or more been expensed in net operating costs? If "YES", submit detail and identify Schedule C line item.		X	(4)
(5)	Have any administrative expenses been included in any other allowable cost centers (e.g., telephone expense to any other category such as Nursing)? If "YES", submit a schedule showing cost category, basis of allocation, and amount allocated for each line item.		X	(5)
(6)	Does the nursing facility share costs or services with another area or entity such as a residential or personal care facility? Identify: LTSR, Dialysis If "YES", shared costs must be allocated per Schedule C instructions.	X		(6)
(7)	What is the total square footage of the facility?	265,786		(7)
(7a)	What is the total square footage of the facility used for nursing facility services?	257,397		(7a)
(8)	Do you have any nonallowable cost centers in the facility (such as a gift shop, snack shop, administrator's or other employee's living quarters, and/or other areas not related to resident care)? Identify: LTSR, Dialysis	X		(8)
(8a)	What is the total square footage of the nonallowable cost centers?	8,389		(8a)
(9)	Have indirect costs applicable to nonallowable cost centers been eliminated on Schedule E?	X		(9)

SUPPLEMENTAL QUESTIONNAIRE

Schedule I

FACILITY NAME: BRIGHTON REHABILITATION &
REPORT PERIOD BEGIN: 01/01/2018

MA No: 1028775200001
END: 12/31/2018

LINE NO.		YES	NO	LINE NO.																																				
	<p>List the annual gross salaries/wages and fringe benefits and/or contracted amounts for the report period for the following personnel:</p> <table border="1"> <thead> <tr> <th></th><th>Salary</th><th>Fringe Benefits</th><th>Contracted</th></tr> </thead> <tbody> <tr> <td>(10a) Administrator</td><td>146,655</td><td>41,440</td><td>0</td></tr> <tr> <td>(10b) Assistant/Associate Administrator</td><td>0</td><td>0</td><td>0</td></tr> <tr> <td>(10c) Chief Dietitian</td><td>152,992</td><td>43,231</td><td>0</td></tr> <tr> <td>(10d) Chief of Fiscal Services</td><td>41,842</td><td>11,823</td><td>0</td></tr> <tr> <td>(10e) Director of Housekeeping</td><td>0</td><td>0</td><td>0</td></tr> <tr> <td>(10f) Director of Nursing</td><td>132,693</td><td>37,495</td><td>0</td></tr> <tr> <td>(10g) Facility Engineer</td><td>65,789</td><td>18,590</td><td>0</td></tr> <tr> <td>(10h) All Approved Feeding Assistants while providing specific duties</td><td>0</td><td>0</td><td>0</td></tr> </tbody> </table>		Salary	Fringe Benefits	Contracted	(10a) Administrator	146,655	41,440	0	(10b) Assistant/Associate Administrator	0	0	0	(10c) Chief Dietitian	152,992	43,231	0	(10d) Chief of Fiscal Services	41,842	11,823	0	(10e) Director of Housekeeping	0	0	0	(10f) Director of Nursing	132,693	37,495	0	(10g) Facility Engineer	65,789	18,590	0	(10h) All Approved Feeding Assistants while providing specific duties	0	0	0			
	Salary	Fringe Benefits	Contracted																																					
(10a) Administrator	146,655	41,440	0																																					
(10b) Assistant/Associate Administrator	0	0	0																																					
(10c) Chief Dietitian	152,992	43,231	0																																					
(10d) Chief of Fiscal Services	41,842	11,823	0																																					
(10e) Director of Housekeeping	0	0	0																																					
(10f) Director of Nursing	132,693	37,495	0																																					
(10g) Facility Engineer	65,789	18,590	0																																					
(10h) All Approved Feeding Assistants while providing specific duties	0	0	0																																					
(11)	<p>Does the facility employ any individuals who are related to the owner(s) or officers/directors?</p> <p>If "YES", submit a separate schedule identifying Name, Title and/or Function, number of hours worked per week, salaries/wages, fringe benefits, and line of Schedule C on which this is recorded.</p>		X	(11)																																				
(12)	<p>Have all personal expenses been excluded from the cost report? (Examples: direct or indirect payment for administrator's or owners/employee's living quarters or expenses, personal portion of company car, trips, conventions, meals and lodging, phone, entertainment, etc.)</p> <p>If "NO", please provide specific details including amounts, Schedule, and line on which this is recorded.</p>	X		(12)																																				
(13)	<p>Were there any loans, notes or advances to officers, employees, members of the Board of Directors, or owners due to the facility during the report period?</p> <p>If "YES", submit a separate schedule identifying to whom, amount, and interest during report period.</p>		X	(13)																																				
(14)	<p>Were there any working capital loans, notes or advances from officers, employees, members of the Board of Directors, or owners due from the facility during the report period?</p> <p>If "YES", submit a schedule identifying name of lender, purpose of loan, period of loan, interest rate, interest expense and balance of loan at end of report period.</p>		X	(14)																																				
(15)	Has an adjustment been made for those types of expenses that were disallowed in prior audits or are otherwise nonallowable?		X	(15)																																				
(16)	Is the facility a Continuing Care Retirement Community (CCRC)?		X	(16)																																				
(17)	Is it the formal or informal policy of the facility to require an admission fee on or before the date of admission?		X	(17)																																				

FILE NAME: MA1028775200001.04202019131319

AUDIT NUMBER: 18-397

**STATEMENTS OF COMPENSATION
OF OWNERS, DIRECTORS, AND RELATED INDIVIDUALS****Schedule J**

SCHEDULE J COMPLETED? No

FACILITY NAME: BRIGHTON REHABILITATION &
REPORT PERIOD BEGIN: 01/01/2018MA No: 1028775200001
END: 12/31/2018

LINE NO.	NAME (A)	Reserved (B)	Title/ Function (C)	Business Organization			Time Devoted to Nursing Facility Work		Compensation Included In Allowable Cost		LINE NO.
				Type (D)	% Owned (E)	% P & L (F)	# Hours/ Week (G)	% Time/ Week (H)	\$ (I)	Schedule C Line # (J)	
(1)											(1)
(2)											(2)
(3)											(3)
(4)											(4)
(5)											(5)
(6)											(6)
(7)											(7)
(8)											(8)
(9)											(9)
(10)											(10)
(11)											(11)
(12)											(12)
(13)											(13)
(14)											(14)
(15)											(15)

FILE NAME: MA1028775200001.04202019131319

AUDIT NUMBER: 18-397

**FACILITY TRANSACTIONS
WITH RELATED PARTIES****Schedule K**FACILITY NAME: BRIGHTON REHABILITATION &
REPORT PERIOD BEGIN: 01/01/2018MA No: 1028775200001
END: 12/31/2018

SCHEDULE K COMPLETED? Yes

TRANSACTIONS WITH RELATED PARTIES ARE INCLUDED IN:

LINE NO.	Sch C Line # (A)	Sch C Amount (B)	Amount of Profit (C)	Position Service or Supply (D)	Name of Related Business (E)	EIN (F)	Owner(s) of Related Business (G)	% Ownership In Nursing Facility (H)	% Ownership In Related Business (I)	LINE NO.
(1)										(1)
(2)	29	2,097,229	0	Management	Comprehensive HC Management Services Group	46-4971698	See Attached	1.0000	1.0000	(2)
(3)	1	0	0	Nursing	Maybrook/Brighton Allocation	81-1096211	See Attached	1.0000	1.0000	(3)
(4)	6	0	0	Social Service	Maybrook/Brighton Allocation	81-1096211	See Attached	1.0000	1.0000	(4)
(5)	21	0	0	Dietary	Maybrook/Brighton Allocation	81-1096211	See Attached	1.0000	1.0000	(5)
(6)	24	0	0	Maintenance	Maybrook/Brighton Allocation	81-1096211	See Attached	1.0000	1.0000	(6)
(7)	23	0	0	Housekeeping	Maybrook/Brighton Allocation	81-1096211	See Attached	1.0000	1.0000	(7)
(8)	29	8,210	0	Administrative	Maybrook/Brighton Allocation	81-1096211	See Attached	1.0000	1.0000	(8)
(9)										(9)
(10)										(10)
(11)										(11)
(12)										(12)
(13)										(13)
(14)										(14)
(15)			0							(15)
(16)			0							(16)

Line 15 = Total Column C Profits from any additional Schedule K. Leave blank if no additional lines greater than 14 are needed.

Line 16 = Total Profit for Schedule K in Column C. Must agree with Schedule E, Line 20, Column A.

FILE NAME: MA1028775200001.04202019131319

AUDIT NUMBER: 18-397

**COMPARATIVE
BALANCE SHEET****Schedule L**

SCHEDULE L COMPLETED? Yes

FACILITY NAME: BRIGHTON REHABILITATION &
REPORT PERIOD BEGIN: 01/01/2018MA No: 1028775200001
END: 12/31/2018

	LINE NO.	END OF CURRENT PERIOD (A)	END OF PRIOR PERIOD (B)
CURRENT ASSETS			
Cash on hand and in banks	(1)	3,930,370	1,408,802
Accounts and notes receivable (Less allowance 0)	(2)	14,019,047	17,703,377
Inventories (priced at Cost)	(3)	0	0
Investments	(4)	0	0
Prepaid expenses	(5)	411,308	411,299
Total Current Assets	(6)	18,360,725	19,523,478
PROPERTY, PLANT AND EQUIPMENT			
Land	(7)	0	0
Buildings	(8)	0	0
Leasehold improvements	(9)	4,879,373	3,401,382
Equipment	(10)	1,413,249	1,183,004
Total property, plant and equipment	(11)	6,292,622	4,584,386
Less accumulated depreciation	(12)	842,241	989,972
Net Property, Plant and Equipment	(13)	5,450,381	3,594,414
OTHER ASSETS			
Notes receivable	(14)	0	0
Other assets	(15)	-4,615,155	-2,770,361
TOTAL ASSETS	(16)	19,195,951	20,347,531
CURRENT LIABILITIES			
Accounts payable	(17)	6,448,792	6,818,059
Notes payable	(18)	11,667,816	12,796,259
Accrued salaries, wages, fees payable	(19)	2,211,480	1,887,589
Deferred income	(20)	0	0
Total Current Liabilities	(21)	20,328,088	21,501,907
LONG-TERM LIABILITIES			
Mortgage payable	(22)	0	0
Notes payable	(23)	0	0
Other	(24)	-662,251	-711,506
TOTAL LIABILITIES	(25)	19,665,837	20,790,401
CAPITAL			
Owner's equity (proprietary or partnership)	(26)	-2,673,469	-5,378,678
Capital stock outstanding (corporation)	(27)	0	0
Retained earnings (R/E) - beginning of year	(28)	0	0
Current year's operating profit (loss)	(29)	2,203,583	4,935,808
Other R/E account transactions (net)	(30)	0	0
Balance, end of year	(31)	2,203,583	4,935,808
Total Capital	(32)	-469,886	-442,870
TOTAL LIABILITIES AND CAPITAL	(33)	19,195,951	20,347,531

FILE NAME: MA1028775200001.04202019131319

AUDIT NUMBER: 18-397

**PRIVATE PAY AND
MEDICARE RATE
CERTIFICATION
STATEMENTS**FACILITY NAME: BRIGHTON REHABILITATION &
REPORT PERIOD BEGIN: 01/01/2018**Schedule MA-58**MA No: 1028775200001
END: 12/31/2018**PART I. PRIVATE PAY RATE**

LINE NO.	QUESTION	YES	NO
(1a)	During the report period, did the Medical Assistance rate charged to the Department exceed the usual and customary charges made to the general public for a room?		X
(1b)	If YES, give all-inclusive or room and board plus ancillary private pay rate.		

If NO, sign and date the following certification statement that will appear on the Certification Report.

FACILITY OFFICER OR ADMINISTRATOR: PAUL OMROD

DATE: 04/23/2019

PART II. MEDICARE RATE

LINE NO.	QUESTION	YES	NO
(2a)	Indicate the Medicare rate that was in effect during the MA-11 report period (submit schedule).	384.81	
(2b)	Indicate the effective date of the Medicare rate.	10/01/2018	
(2c)	Indicate whether the Medicare rate is an audited rate.		X

If Medicare Rate (2a) is completed, sign and date the following certification statement that will appear on the Certification Report.

FACILITY OFFICER OR ADMINISTRATOR: PAUL OMROD

DATE: 04/23/2019

PART III. ADMINISTRATOR INFORMATION

LINE NO.	QUESTION
(3a)	Administrator's Name: Robert Reed
(3b)	Administrator's Telephone Number: 724-775-7100
(3c)	Administrator's Fax Number: 724-770-3172
(3d)	Administrator's E-mail Address:

Index of Contents

Introduction

Reported Time is LESS than CMS Expected time
Reported Time is MORE than CMS Expected time

Reported Time is LESS than CMS Expected time
Reported Time is ATORF. than CMS Expected time

Reported Time is LESS than CMS Expected time
Reported Time is MORE than CMS Expected time

tables™

EXHIBIT

9

Reported Scores Per Student Per Day					Expected Score Per Student Per Day				
Order	Prox Dates	Adoles	LNKS	RNS	Total LN	Adoles	LNKS	RNS	Total LN
1	7/16/12	2,020/2	0.071/1	0.558/3	1,505/4	2,393/4	0.724/3	1,386/4	2,070/5
2	7/16/12	379/5			1,505/4				4,606/6
3	7/16/12	379/5	0.071/1	0.558/3	1,505/4	2,431/4	1,311/4	2,066/5	4,883/6
4	7/16/12	2,020/2	0.071/1	0.558/3	1,505/4	3,576/6		2,066/5	4,883/6
5	7/16/12	2,020/2	0.071/1	0.558/3	1,505/4	2,431/4	0.724/3	1,386/4	2,070/5
6	7/16/12	379/5			1,505/4				4,606/6
7	7/16/12	379/5	0.071/1	0.558/3	1,505/4	2,431/4	1,311/4	2,066/5	4,883/6
8	7/16/12	2,020/2	0.071/1	0.558/3	1,505/4	3,576/6		2,066/5	4,883/6
9	7/16/12	2,020/2	0.071/1	0.558/3	1,505/4	2,431/4	0.724/3	1,386/4	2,070/5
10	7/16/12	379/5			1,505/4				4,606/6
11	7/16/12	379/5	0.071/1	0.558/3	1,505/4	2,431/4	1,311/4	2,066/5	4,883/6
12	7/16/12	2,020/2	0.071/1	0.558/3	1,505/4	3,576/6		2,066/5	4,883/6
13	7/16/12	2,020/2	0.071/1	0.558/3	1,505/4	2,431/4	0.724/3	1,386/4	2,070/5
14	7/16/12	379/5			1,505/4				4,606/6
15	7/16/12	379/5	0.071/1	0.558/3	1,505/4	2,431/4	1,311/4	2,066/5	4,883/6
16	7/16/12	2,020/2	0.071/1	0.558/3	1,505/4	3,576/6		2,066/5	4,883/6
17	7/16/12	2,020/2	0.071/1	0.558/3	1,505/4	2,431/4	0.724/3	1,386/4	2,070/5
18	7/16/12	379/5			1,505/4				4,606/6
19	7/16/12	379/5	0.071/1	0.558/3	1,505/4	2,431/4	1,311/4	2,066/5	4,883/6
20	7/16/12	2,020/2	0.071/1	0.558/3	1,505/4	3,576/6		2,066/5	4,883/6
21	7/16/12	2,020/2	0.071/1	0.558/3	1,505/4	2,431/4	0.724/3	1,386/4	2,070/5
22	7/16/12	379/5			1,505/4				4,606/6
23	7/16/12	379/5	0.071/1	0.558/3	1,505/4	2,431/4	1,311/4	2,066/5	4,883/6
24	7/16/12	2,020/2	0.071/1	0.558/3	1,505/4	3,576/6		2,066/5	4,883/6
25	7/16/12	2,020/2	0.071/1	0.558/3	1,505/4	2,431/4	0.724/3	1,386/4	2,070/5
26	7/16/12	379/5			1,505/4				4,606/6
27	7/16/12	379/5	0.071/1	0.558/3	1,505/4	2,431/4	1,311/4	2,066/5	4,883/6
28	7/16/12	2,020/2	0.071/1	0.558/3	1,505/4	3,576/6		2,066/5	4,883/6
29	7/16/12	2,020/2	0.071/1	0.558/3	1,505/4	2,431/4	0.724/3	1,386/4	2,070/5
30	7/16/12	379/5			1,505/4				4,606/6
31	7/16/12	379/5	0.071/1	0.558/3	1,505/4	2,431/4	1,311/4	2,066/5	4,883/6
32	7/16/12	2,020/2	0.071/1	0.558/3	1,505/4	3,576/6		2,066/5	4,883/6
33	7/16/12	2,020/2	0.071/1	0.558/3	1,505/4	2,431/4	0.724/3	1,386/4	2,070/5
34	7/16/12	37							

[illegible]

VOLUME OF EXPORTS									
Year	1970	1971	1972	1973	1974	1975	1976	1977	1978
1970	0.599363	1.264139	0.907110	0.723930	2.070350	2.319120	1.507860	2.040530	4.040640
1971	0.599363	1.316760	0.907110	0.723930	2.070350	2.411660	1.507860	2.040530	4.040640
1972	0.599363	1.316760	0.907110	0.723930	2.070350	2.411660	1.507860	2.040530	4.040640
1973	0.599363	1.316760	0.907110	0.723930	2.070350	2.411660	1.507860	2.040530	4.040640
1974	0.599363	1.316760	0.907110	0.723930	2.070350	2.411660	1.507860	2.040530	4.040640
1975	0.599363	1.316760	0.907110	0.723930	2.070350	2.411660	1.507860	2.040530	4.040640
1976	0.599363	1.316760	0.907110	0.723930	2.070350	2.411660	1.507860	2.040530	4.040640
1977	0.599363	1.316760	0.907110	0.723930	2.070350	2.411660	1.507860	2.040530	4.040640
1978	0.599363	1.316760	0.907110	0.723930	2.070350	2.411660	1.507860	2.040530	4.040640

[illegible][illegible]

Year	2017 Q4	2017 Q3	2017 Q2	2017 Q1	2016 Q4	2016 Q3	2016 Q2	2016 Q1	2015 Q4	2015 Q3	2015 Q2	2015 Q1	2014 Q4	2014 Q3	2014 Q2	2014 Q1	2013 Q4	2013 Q3	2013 Q2	2013 Q1	2012 Q4	2012 Q3	2012 Q2	2012 Q1	2011 Q4	2011 Q3	2011 Q2	2011 Q1	2010 Q4	2010 Q3	2010 Q2	2010 Q1	2009 Q4	2009 Q3	2009 Q2	2009 Q1	2008 Q4	2008 Q3	2008 Q2	2008 Q1	2007 Q4	2007 Q3	2007 Q2	2007 Q1	2006 Q4	2006 Q3	2006 Q2	2006 Q1	2005 Q4	2005 Q3	2005 Q2	2005 Q1	2004 Q4	2004 Q3	2004 Q2	2004 Q1	2003 Q4	2003 Q3	2003 Q2	2003 Q1	2002 Q4	2002 Q3	2002 Q2	2002 Q1	2001 Q4	2001 Q3	2001 Q2	2001 Q1	2000 Q4	2000 Q3	2000 Q2	2000 Q1	1999 Q4	1999 Q3	1999 Q2	1999 Q1	1998 Q4	1998 Q3	1998 Q2	1998 Q1	1997 Q4	1997 Q3	1997 Q2	1997 Q1	1996 Q4	1996 Q3	1996 Q2	1996 Q1	1995 Q4	1995 Q3	1995 Q2	1995 Q1	1994 Q4	1994 Q3	1994 Q2	1994 Q1	1993 Q4	1993 Q3	1993 Q2	1993 Q1	1992 Q4	1992 Q3	1992 Q2	1992 Q1	1991 Q4	1991 Q3	1991 Q2	1991 Q1	1990 Q4	1990 Q3	1990 Q2	1990 Q1	1989 Q4	1989 Q3	1989 Q2	1989 Q1	1988 Q4	1988 Q3	1988 Q2	1988 Q1	1987 Q4	1987 Q3	1987 Q2	1987 Q1	1986 Q4	1986 Q3	1986 Q2	1986 Q1	1985 Q4	1985 Q3	1985 Q2	1985 Q1	1984 Q4	1984 Q3	1984 Q2	1984 Q1	1983 Q4	1983 Q3	1983 Q2	1983 Q1	1982 Q4	1982 Q3	1982 Q2	1982 Q1	1981 Q4	1981 Q3	1981 Q2	1981 Q1	1980 Q4	1980 Q3	1980 Q2	1980 Q1	1979 Q4	1979 Q3	1979 Q2	1979 Q1	1978 Q4	1978 Q3	1978 Q2	1978 Q1	1977 Q4	1977 Q3	1977 Q2	1977 Q1	1976 Q4	1976 Q3	1976 Q2	1976 Q1	1975 Q4	1975 Q3	1975 Q2	1975 Q1	1974 Q4	1974 Q3	1974 Q2	1974 Q1	1973 Q4	1973 Q3	1973 Q2	1973 Q1	1972 Q4	1972 Q3	1972 Q2	1972 Q1	1971 Q4	1971 Q3	1971 Q2	1971 Q1	1970 Q4	1970 Q3	1970 Q2	1970 Q1	1969 Q4	1969 Q3	1969 Q2	1969 Q1	1968 Q4	1968 Q3	1968 Q2	1968 Q1	1967 Q4	1967 Q3	1967 Q2	1967 Q1	1966 Q4	1966 Q3	1966 Q2	1966 Q1	1965 Q4	1965 Q3	1965 Q2	1965 Q1	1964 Q4	1964 Q3	1964 Q2	1964 Q1	1963 Q4	1963 Q3	1963 Q2	1963 Q1	1962 Q4	1962 Q3	1962 Q2	1962 Q1	1961 Q4	1961 Q3	1961 Q2	1961 Q1	1960 Q4	1960 Q3	1960 Q2	1960 Q1	1959 Q4	1959 Q3	1959 Q2	1959 Q1	1958 Q4	1958 Q3	1958 Q2	1958 Q1	1957 Q4	1957 Q3	1957 Q2	1957 Q1	1956 Q4	1956 Q3	1956 Q2	1956 Q1	1955 Q4	1955 Q3	1955 Q2	1955 Q1	1954 Q4	1954 Q3	1954 Q2	1954 Q1	1953 Q4	1953 Q3	1953 Q2	1953 Q1	1952 Q4	1952 Q3	1952 Q2	1952 Q1	1951 Q4	1951 Q3	1951 Q2	1951 Q1	1950 Q4	1950 Q3	1950 Q2	1950 Q1	1949 Q4	1949 Q3	1949 Q2	1949 Q1	1948 Q4	1948 Q3	1948 Q2	1948 Q1	1947 Q4	1947 Q3	1947 Q2	1947 Q1	1946 Q4	1946 Q3	1946 Q2	1946 Q1	1945 Q4	1945 Q3	1945 Q2	1945 Q1	1944 Q4	1944 Q3	1944 Q2	1944 Q1	1943 Q4	1943 Q3	1943 Q2	1943 Q1	1942 Q4	1942 Q3	1942 Q2	1942 Q1	1941 Q4	1941 Q3	1941 Q2	1941 Q1	1940 Q4	1940 Q3	1940 Q2	1940 Q1	1939 Q4	1939 Q3	1939 Q2	1939 Q1	1938 Q4	1938 Q3	1938 Q2	1938 Q1	1937 Q4	1937 Q3	1937 Q2	1937 Q1	1936 Q4	1936 Q3	1936 Q2	1936 Q1	1935 Q4	1935 Q3	1935 Q2	1935 Q1	1934 Q4	1934 Q3	1934 Q2	1934 Q1	1933 Q4	1933 Q3	1933 Q2	1933 Q1	1932 Q4	1932 Q3	1932 Q2	1932 Q1	1931 Q4	1931 Q3	1931 Q2	1931 Q1	1930 Q4	1930 Q3	1930 Q2	1930 Q1	1929 Q4	1929 Q3	1929 Q2	1929 Q1	1928 Q4	1928 Q3	1928 Q2	1928 Q1	1927 Q4	1927 Q3	1927 Q2	1927 Q1	1926 Q4	1926 Q3	1926 Q2	1926 Q1	1925 Q4	1925 Q3	1925 Q2	1925 Q1	1924 Q4	1924 Q3	1924 Q2	1924 Q1	1923 Q4	1923 Q3	1923 Q2	1923 Q1	1922 Q4	1922 Q3	1922 Q2	1922 Q1	1921 Q4	1921 Q3	1921 Q2	1921 Q1	1920 Q4	1920 Q3	1920 Q2	1920 Q1	1919 Q4	1919 Q3	1919 Q2	1919 Q1	1918 Q4	1918 Q3	1918 Q2	1918 Q1	1917 Q4	1917 Q3	1917 Q2	1917 Q1	1916 Q4	1916 Q3	1916 Q2	1916 Q1	1915 Q4	1915 Q3	1915 Q2	1915 Q1	1914 Q4	1914 Q3	1914 Q2	1914 Q1	1913 Q4	1913 Q3	1913 Q2	1913 Q1	1912 Q4	1912 Q3	1912 Q2	1912 Q1	1911 Q4	1911 Q3	1911 Q2	1911 Q1	1910 Q4	1910 Q3	1910 Q2	1910 Q1	1909 Q4	1909 Q3	1909 Q2	1909 Q1	1908 Q4	1908 Q3	1908 Q2	1908 Q1	1907 Q4	1907 Q3	1907 Q2	1907 Q1	1906 Q4	1906 Q3	1906 Q2	1906 Q1	1905 Q4	1905 Q3	1905 Q2	1905 Q1	1904 Q4	1904 Q3	1904 Q2	1904 Q1	1903 Q4	1903 Q3	1903 Q2	1903 Q1	1902 Q4	1902 Q3	1902 Q2	1902 Q1	1901 Q4	1901 Q3	1901 Q2	1901 Q1	1900 Q4	1900 Q3	1900 Q2	1900 Q1	1899 Q4	1899 Q3	1899 Q2	1899 Q1	1898 Q4	1898 Q3	1898 Q2	1898 Q1	1897 Q4	1897 Q3	1897 Q2	1897 Q1	1896 Q4	1896 Q3	1896 Q2	1896 Q1	1895 Q4	1895 Q3	1895 Q2	1895 Q1	1894 Q4	1894 Q3	1894 Q2	1894 Q1	1893 Q4	1893 Q3	1893 Q2	1893 Q1	1892 Q4	1892 Q3	1892 Q2	1892 Q1	1891 Q4	1891 Q3	1891 Q2	1891 Q1	1890 Q4	1890 Q3	1890 Q2	1890 Q1	1889 Q4	1889 Q3	1889 Q2	1889 Q1	1888 Q4	1888 Q3	1888 Q2	1888 Q1	1887 Q4	1887 Q3	1887 Q2	1887 Q1	1886 Q4	1886 Q3	1886 Q2	1886 Q1	1885 Q4	1885 Q3	1885 Q2	1885 Q1	1884 Q4	1884 Q3	1884 Q2	1884 Q1	1883 Q4	1883 Q3	1883 Q2	1883 Q1	1882 Q4	1882 Q3	1882 Q2	1882 Q1	1881 Q4	1881 Q3	1881 Q2	1881 Q1	1880 Q4	1880 Q3	1880 Q2	1880 Q1	1879 Q4	1879 Q3	1879 Q2	1879 Q1	1878 Q4	1878 Q3	1878 Q2	1878 Q1	1877 Q4	1877 Q3	1877 Q2	1877 Q1	1876 Q4	1876 Q3	1876 Q2	1876 Q1	1875 Q4	1875 Q3	1875 Q2	1875 Q1	1874 Q4	1874 Q3	1874 Q2	1874 Q1	1873 Q4	1873 Q3	1873 Q2	1873 Q1	1872 Q4	1872 Q3	1872 Q2	1872 Q1	1871 Q4	1871 Q3	1871 Q2	1871 Q1	1870 Q4	1870 Q3	1870 Q2	1870 Q1	1869 Q4	1869 Q3	1869 Q2	1869 Q1	1868 Q4	1868 Q3	1868 Q2	1868 Q1	1867 Q4	1867 Q3	1867 Q2	1867 Q1	1866 Q4	1866 Q3	1866 Q2	1866 Q1	1865 Q4	1865 Q3	1865 Q2	1865 Q1	1864 Q4	1864 Q3	1864 Q2	1864 Q1	1863 Q4	1863 Q3	1863 Q2	1863 Q1	1862 Q4	1862 Q3	1862 Q2	1862 Q1	1861 Q4	1861 Q3	1861 Q2	1861 Q1	1860 Q4	1860 Q3	1860 Q2	1860 Q1	1859 Q4	1859 Q3	1859 Q2	1859 Q1	1858 Q4	1858 Q3	1858 Q2	1858 Q1	1857 Q4	1857 Q3	1857 Q2	1857 Q1	1856 Q4	1856 Q3	1856 Q2	1856 Q1	1855 Q4	1855 Q3	1855 Q2	1855 Q1	1854 Q4	1854 Q3	1854 Q2	1854 Q1	1853 Q4	1853 Q3	1853 Q2	1853 Q1	1852 Q4	1852 Q3	1852 Q2	1852 Q1	1851 Q4	1851 Q3	1851 Q2	1851 Q1	1850 Q4	1850 Q3	1850 Q2	1850 Q1	1849 Q4	1849 Q3	1849 Q2	1849 Q1	1848 Q4	1848 Q3	1848 Q2	1848 Q1	1847 Q4	1847 Q3	1847 Q2	1847 Q1	1846 Q4	1846 Q3	1846 Q2	1846 Q1	1845 Q4	1845 Q3	1845 Q2	1845 Q1	1844 Q4	1844 Q3	1844 Q2	1844 Q1	1843 Q4	1843 Q3	1843 Q2	1843 Q1	1842 Q4	1842 Q3	1842 Q2	1842 Q1	1841 Q4	1841 Q3	1841 Q2	1841 Q1	1840 Q4	1840 Q3	1840 Q2	1840 Q1	1839 Q4	1839 Q3	1839 Q2	1839 Q1	1838 Q4	1838 Q3	1838 Q2	1838 Q1	1837 Q4	1837 Q3	1837 Q2	1837 Q1	1836 Q4	1836 Q3	1836 Q2	1836 Q1	1835 Q4	1835 Q3	1835 Q2	1835 Q1	1834 Q4	1834 Q3	1834 Q2	1834 Q1	1833 Q4	1833 Q3	1833 Q2	1833 Q1	1832 Q4	1832 Q3	1832 Q2	1832 Q1	1831 Q4	1831 Q3	1831 Q2	1831 Q1	1830 Q4	1830 Q3	1830 Q2	1830 Q1	1829 Q4	1829 Q3	1829 Q2	1829 Q1	1828 Q4	1828 Q3	1828 Q2	1828 Q1	1827 Q4	1827 Q3	1827 Q2	1827 Q1	1826 Q4	1826 Q3	1826 Q2	1826 Q1	1825 Q4	1825 Q3	1825 Q2	1825 Q1	1824 Q4	1824 Q3	1824 Q2	1824 Q1	1823 Q4	1823 Q3	1823 Q2	1823 Q1	1822 Q4	1822 Q3	1822 Q2	1822 Q1	1821 Q4	1821 Q3	1821 Q2	1821 Q1	1820 Q4	1820 Q3	1820 Q2	1820 Q1	1819 Q4	1819 Q3	1819 Q2	1819 Q1	1818 Q4	1818 Q3	1818 Q2	1818 Q1	1817 Q4	1817 Q3	1817 Q2	1817 Q1	1816 Q4	1816 Q3	1816 Q2	1816 Q1	1815 Q4	1815 Q3	1815 Q2	1815 Q1	1814 Q4	1814 Q3	1814 Q2	1814 Q1	1813 Q4	1813 Q3	1813 Q2	1813 Q1	1812 Q4	1812 Q3	1812 Q2	1812 Q1	1811 Q4	1811 Q3	1811 Q2	1811 Q1	1810 Q4	1810 Q3	1810 Q2	1810 Q1	1809 Q4	1809 Q3	1809 Q2	1809 Q1	1808 Q4	1808 Q3	1808 Q2	1808 Q1	1807 Q4	1807 Q3	1807 Q2	1807 Q1	1806 Q4	1806 Q3	1806 Q2	1806 Q1	1805 Q4	1805 Q3	1805 Q2	1805 Q1	1804 Q4	1804 Q3	1804 Q2	1804 Q1	1803 Q4	1803 Q3	1803 Q2	1803 Q1	1802 Q4	1802 Q3	1802 Q2	1802 Q1	1801 Q4	1801 Q3	1801 Q2	1801 Q1	1800 Q4	1800 Q3	1800 Q2	1800 Q1	1799 Q4	1799 Q3	1799 Q2	1799 Q1	1798 Q4	1798 Q3	1798 Q2	1798 Q1	1797 Q4	1797 Q3	1797 Q2	1797 Q1	1796 Q4	1796 Q3	1796 Q2	1796 Q1	1795 Q4	1795 Q3	1795 Q2	1795 Q1	1794 Q4	1794 Q3	1794 Q2	1794 Q1	1793 Q4	1793 Q3	1793 Q2	1793 Q1	1792 Q4	1792 Q3	1792 Q2	1792 Q1	1791 Q4	1791 Q3	1791 Q2	1791 Q1	1790 Q4	1790 Q3	1790 Q2	1790 Q1	1789 Q4	1789 Q3	1789 Q2	1789 Q1	1788 Q4	1788 Q3	1788 Q2	1788 Q1	1787 Q4	1787 Q3	1787 Q2	1787 Q1	1786 Q4	1786 Q3	1786 Q2	1786 Q1	1785 Q4	1785 Q3	1785 Q2	1785 Q1	1784 Q4	1784 Q3	1784 Q2	1784 Q1	1783 Q4	1783 Q3	1783 Q2	1783 Q1	1782 Q4	1782 Q3	1782 Q2	1782 Q1	1781 Q4	1781 Q3	1781 Q2	1781 Q1	1780 Q4	1780 Q3	1780 Q2	1780 Q1	1779 Q4	1779 Q3	1779 Q2	1779 Q1	1778 Q4	1778 Q3	1778 Q2	1778 Q1	1777 Q4	1777 Q3	1777 Q2	1777 Q1	1776 Q4	1776 Q3	1776 Q2	1776 Q1	1775 Q4	1775 Q3	1775 Q2	1775 Q1	1774 Q4	1774 Q3	1774 Q2	1774 Q1	1773 Q4	1773 Q3	1773 Q2	1773 Q1	1772 Q4	1772 Q3	1772 Q2	1772 Q1	1771 Q4	1771 Q3	1771 Q2	1771 Q1	1770 Q4	1770 Q3	1770 Q2	1770 Q1	1769 Q4	1769 Q3	1769 Q2	1769 Q1	1768 Q4	1768 Q3	1768 Q2	1768 Q1	1767 Q4	1767 Q3	1767 Q2	1767 Q1	1766 Q4	1766 Q3	1766 Q2	1766 Q1	1765 Q4	1765 Q3	1765 Q2	1765 Q1	1764 Q4	1764 Q3	1764 Q2	1764 Q1	1763 Q4	1763 Q3	1763 Q2	1763 Q1	1762 Q4	1762 Q3	1762 Q2	1762 Q1	1761 Q4	1761 Q3	1761 Q2	1761 Q1	1760 Q4	1760 Q3	1760 Q2	1760 Q1	1759 Q4	1759 Q3	1759 Q2	1759 Q1	1758 Q4	1758 Q3	1758 Q2	1758 Q1	1757 Q4	1757 Q3	1757 Q2	1757 Q1	1756 Q4	1756 Q3	1756 Q2	1756 Q1	1755 Q4	1755 Q3	1755 Q2	1755 Q1	1754 Q4	1754 Q3	1754 Q2	1754 Q1	1753 Q4	1753 Q3	1753 Q2	1753 Q1	1752 Q4	1752 Q3	1752 Q2	1752 Q1	1751 Q4	1751 Q3	1751 Q2	1751 Q1	1750 Q4	1750 Q3	1750 Q2	1750 Q1	1749 Q4	1749 Q3	1749 Q2	1749 Q1	1748 Q4	1748 Q3	1748 Q2	1748 Q1	1747 Q4	1747 Q3	1747 Q2	1747 Q1	1746 Q4	1746 Q3	1746 Q2	1746 Q1	1745 Q4	1745 Q3	1745 Q2	1745 Q1	1744 Q4	1744 Q3	1744 Q2	1744 Q1	1743 Q4	1743 Q3	1743 Q2	1743 Q1	1742 Q4	1742 Q3	1742 Q2	1742 Q1	1741 Q4	1741 Q3	1741 Q2	1741 Q1	1740 Q4	1740 Q3	1740 Q2	1740 Q1	1739 Q4	1739 Q3	1739 Q2	1739 Q1	1738 Q4	1738 Q3	1738 Q2	1738 Q1	1737 Q4	1737 Q3	1737 Q2	1737 Q1	1736 Q4
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[illegible]

1. The first part of the report is a general introduction to the subject of the study. It discusses the importance of the study and the objectives of the research. It also provides a brief overview of the methodology used in the study.

2. The second part of the report is a detailed description of the study area. It includes information about the location of the study area, the population of the study area, and the characteristics of the study area. It also discusses the data sources used in the study.

3. The third part of the report is a detailed description of the study results. It includes information about the findings of the study, the conclusions drawn from the findings, and the implications of the findings. It also discusses the limitations of the study and the need for further research.

4. The fourth part of the report is a conclusion and recommendations section. It summarizes the main findings of the study and provides recommendations for future research and policy. It also discusses the overall impact of the study and the need for further research.

5. The fifth part of the report is a bibliography section. It lists the references used in the study, including books, articles, and other sources. It also includes a list of the authors of the study and their affiliations.

6. The sixth part of the report is an appendix section. It includes additional information related to the study, such as maps, tables, and figures. It also includes a list of the authors of the study and their affiliations.

7. The seventh part of the report is a list of the authors of the study and their affiliations. It includes the names of the authors and their respective institutions. It also includes a list of the authors' contact information.

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Diffusion					3) 11 Items of VLN				
Year of Interview	LN	LN	LN	LN	Year of Interview	LN	LN	LN	LN
2016 Q1	-0.83	-0.112782	-0.211425	-0.044381	2016 Q1	-0.83	-0.112782	-0.211425	-0.044381
2016 Q2	-0.712840	0.182030	-0.365900	-0.591660	2016 Q2	-0.712840	0.182030	-0.365900	-0.591660
2016 Q3	-0.712840	0.182030	-0.365900	-0.591660	2016 Q3	-0.712840	0.182030	-0.365900	-0.591660
2016 Q4	-0.832040	0.153660	-0.302250	-0.099970	2016 Q4	-0.832040	0.153660	-0.302250	-0.099970

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Table 1. Mean and SD of the variables					
Variable	Mean	SD	Mean	SD	Mean
Age (years)	20.7	0.5	20.7	0.5	20.7
Height (cm)	170.5	5.5	170.5	5.5	170.5
Weight (kg)	68.5	10.5	68.5	10.5	68.5
Body mass index (kg/m ²)	23.5	2.5	23.5	2.5	23.5
Maximal heart rate (b/min)	185	10	185	10	185
Maximal oxygen consumption (L/min)	3.5	0.5	3.5	0.5	3.5
Maximal power (W)	1200	200	1200	200	1200
Maximal speed (km/h)	20.0	2.0	20.0	2.0	20.0
Maximal force (N)	1000	100	1000	100	1000
Maximal torque (Nm)	150	20	150	20	150
Maximal power (W)	1200	200	1200	200	1200
Maximal speed (km/h)	20.0	2.0	20.0	2.0	20.0
Maximal force (N)	1000	100	1000	100	1000
Maximal torque (Nm)	150	20	150	20	150

[illegible]

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* Therapy is number of minutes per WEEK, not per day

Table of Contents

Information Index

2017

15-2017

2017

Low Intensity : 0.1

Nursing Care Costs

Nursing Care Cost per day per patient

From Cost Reports

	2016	2017	2018
Registered Nurses (RN)	0.35	0.35	0.35
Licensed Practical Nurses (LPN)	0.82	0.82	0.82
Certified Nursing Assistants (CNA)	2.05	2.05	2.05
Total per patient per day	3.22	3.22	3.22

Nursing Care Cost per day per patient

From CMS Expectations

	2016	2017	2018
Registered Nurses (RN)	0.35	0.35	0.35
Licensed Practical Nurses (LPN)	0.82	0.82	0.82
Certified Nursing Assistants (CNA)	2.05	2.05	2.05
Total per patient per day	3.22	3.22	3.22

Nursing Care Cost per day per patient

Actual Nursing Cost vs. Expected

	2016	2017	2018
Registered Nurses (RN)	0.35	0.35	0.35
Licensed Practical Nurses (LPN)	0.82	0.82	0.82
Certified Nursing Assistants (CNA)	2.05	2.05	2.05
Total per patient per day	3.22	3.22	3.22

Costs / Savings compared to CMS Expected Staffing

per Day

	2016	2017	2018
Average Patient Count	455.5	455.5	455.5
CMS Expectation - Actual Payroll	\$ 44,735	\$ 44,735	\$ 44,735
Cost for Year	\$ 20,975,541	\$ 20,975,541	\$ 20,975,541

Costs / Savings compared to CMS Expected Staffing

per Year

	2016	2017	2018
Average Patient Count	455.5	455.5	455.5
CMS Expectation - Actual Payroll	\$ 44,735	\$ 44,735	\$ 44,735
Cost for Year	\$ 7,265,681.80	\$ 7,265,681.80	\$ 7,265,681.80

Nursing Care Costs (RN = RN + Nursing Administration)

Nursing Care Cost per day per patient

From Cost Reports

	2016	2017	2018
Registered Nurses (RN)	0.58	0.58	0.58
Licensed Practical Nurses (LPN)	0.82	0.82	0.82
Certified Nursing Assistants (CNA)	2.05	2.05	2.05
Total per patient per day	3.45	3.45	3.45

Nursing Care Cost per day per patient

From CMS Expectations

	2016	2017	2018
Registered Nurses (RN)	0.58	0.58	0.58
Licensed Practical Nurses (LPN)	0.82	0.82	0.82
Certified Nursing Assistants (CNA)	2.05	2.05	2.05
Total per patient per day	3.45	3.45	3.45

Nursing Care Cost per day per patient

Actual Nursing Cost vs. Expected

	2016	2017	2018
Registered Nurses (RN)	0.58	0.58	0.58
Licensed Practical Nurses (LPN)	0.82	0.82	0.82
Certified Nursing Assistants (CNA)	2.05	2.05	2.05
Total per patient per day	3.45	3.45	3.45

Costs / Savings compared to CMS Expected Staffing

per Day

	2016	2017	2018
Average Patient Count	455.5	455.5	455.5
CMS Expectation - Actual Payroll	\$ 33,888	\$ 33,888	\$ 33,888
Cost for Year	\$ 15,481,151	\$ 15,481,151	\$ 15,481,151

Table of Contents

Information Index

Savings from staffing below CMS Expected Staffing
Costs from staffing above CMS Expected Staffing

Savings from staffing below CMS Expected Staffing
Costs from staffing above CMS Expected Staffing

Costs / Savings compared to CMS Expected Staffing			
per Year	2016	2017	2018
Average Patient Count	455.5	454.6	456.7
CMS Expectation - Actual Payed	\$ 3.88	\$ 10.34	\$ 51.84
Total for Period	\$ 5,647,799.70	\$ 14,981,605.14	\$ 8,775,550.08
Total for Year	\$ 5,647,799.70	\$ 14,981,605.14	\$ 8,775,550.08

Savings from staffing below CMS Expected Staffing
Costs from staffing above CMS Expected Staffing

Nursing Care Cost per day per patient from Cost Reports

	2016		2017		2018	
	Hours per day	Cost per Patient	Hours per day	Cost per Patient	Hours per day	Cost per Patient
Registered Nurses (RN)	0.361324604	14.67711864	0.039129072	12.25415317	0.421798541	11.66814639
Certified Practical Nurses (CPN)	0.816066761	26.60021594	0.386057277	23.00876009	0.618454612	23.79935107
Certified Nursing Assistants (CNA)	2.048238011	44.49937918	2.353240367	39.53545518	1.950650893	44.52588997
Total per patient per day	3.21049176	85.77670875	2.75626716	74.87021244	3.01089049	90.02078641

Nursing Care Cost per day per patient from CMS Expectations

	2016		2017		2018	
	Hours per day	Cost per Patient	Hours per day	Cost per Patient	Hours per day	Cost per Patient
Registered Nurses (RN)	1.33866	\$3,956,029.9	1.42625	\$46,652,488.4	1.49735	\$2,770,815.76
Certified Practical Nurses (CPN)	0.732085	23,800,437.1	0.71622	48,919,402.7	0.77251	28,784,489
Certified Nursing Assistants (CNA)	2.42781	53,745,841.64	2.50496	42,064,431.7	2.46765	61,310,452.7
Total per patient per day	4.49855	130,504,904.4	4.70749	537,660,819	4.73551	152,815,381

Actual Nursing Cost vs. Expected per patient per day

	2016		2017		2018	
	Hours per day	Cost per Patient	Hours per day	Cost per Patient	Hours per day	Cost per Patient
Registered Nurses (RN)	39.27751564	434,408,333	45.05158937	45,051,589.37		
Certified Practical Nurses (CPN)	-2.795778475	75,816,781.6	4.995013928	4,995,013,928		
Certified Nursing Assistants (CNA)	8.24646246	2,548,957,915	12.7479563	12,747,956.3		
Total per patient per day	44.72819869	462,796,069.5	62.7959415	62,795,941.5		

Costs / Savings compared to CMS Expected Staffing per Day

	2016		2017		2018	
	Hours per day	Cost per Patient	Hours per day	Cost per Patient	Hours per day	Cost per Patient
Average Patient Count	455.5054645	454,624,657.5	456.7013699	456,701,369.9		
CMS Expectation - Actual Payed	44.72819869	462,796,069.5	62.7959415	62,795,941.5		
Total for Day	20373.93931	210,977,595.3	20678.80967	206,788,096.7		

Costs / Savings compared to CMS Expected Staffing per Year

	2016		2017		2018	
	Hours per day	Cost per Patient	Hours per day	Cost per Patient	Hours per day	Cost per Patient
Average Patient Count	455.5054645	454,624,657.5	456.7013699	456,701,369.9		
CMS Expectation - Actual Payed	44.72819869	462,796,069.5	62.7959415	62,795,941.5		
Total for Period	7456861.811	76795123.3	76795123.3	10467795.5		


Raw Data

VERIFICATION

I verify that the averments of fact made in the foregoing Plaintiff's Complaint are true and correct based on my personal knowledge, information or belief. I understand that averments of fact in said document are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsifications to authorities.

Sep 25, 2020

Date


Jodi Ann Gill (Sep 25, 2020 17:58 EDT)

Signed

VERIFICATION

I verify that the averments of fact made in the foregoing Plaintiff's Complaint are true and correct based on my personal knowledge, information or belief. I understand that averments of fact in said document are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsifications to authorities.

Sep 25, 2020

Date

Kenneth Wright

Kenneth Wright (Sep 25, 2020 14:33 EDT)

Signed

VERIFICATION

I verify that the averments of fact made in the foregoing Plaintiff's Complaint are true and correct based on my personal knowledge, information or belief. I understand that averments of fact in said document are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsifications to authorities.

Oct 17, 2020

Date

Shelby Galton

Shelby Galton (Oct 17, 2020 08:46 EDT)

Signed

VERIFICATION

I verify that the averments of fact made in the foregoing Plaintiff's Complaint are true and correct based on my personal knowledge, information or belief. I understand that averments of fact in said document are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsifications to authorities.

Sep 25, 2020

Date

Judith Grace Marie

Judith Grace Marie (Sep 25, 2020 13:42 EDT)

Signed

VERIFICATION

I verify that the averments of fact made in the foregoing Plaintiff's Complaint are true and correct based on my personal knowledge, information or belief. I understand that averments of fact in said document are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsifications to authorities.

Sep 25, 2020

Date

Jamal Williams

Jamal Williams (Sep 25, 2020 14:33 EDT)

Signed

VERIFICATION

I verify that the averments of fact made in the foregoing Plaintiff's Complaint are true and correct based on my personal knowledge, information or belief. I understand that averments of fact in said document are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsifications to authorities.

Sep 25, 2020

Date

Jamie Worthy-Smith

Jamie Worthy-Smith (Sep 25, 2020 13:45 EDT)

Signed

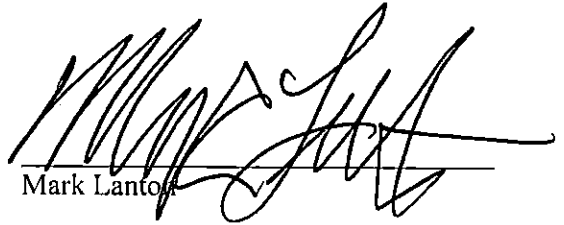
VERIFICATION

I verify that the averments of fact made in the foregoing Plaintiff's Complaint are true and correct based on my personal knowledge, information or belief. I understand that averments of fact in said document are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsifications to authorities.

Dated

9-25-2020

Mark Lanton


A handwritten signature in black ink, appearing to read 'Mark Lanton', written over a horizontal line.

VERIFICATION

I verify that the averments of fact made in the foregoing Plaintiff's Complaint are true and correct based on my personal knowledge, information or belief. I understand that averments of fact in said document are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsifications to authorities.

Oct 13, 2020

Date


Dr. Jacqueline Young (Oct 13, 2020 14:11 EDT)


Signed

VERIFICATION

I verify that the averments of fact made in the foregoing Plaintiff's Complaint are true and correct based on my personal knowledge, information or belief. I understand that averments of fact in said document are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsifications to authorities.

Sep 25, 2020

Date


Brandy Hedger (Sep 25, 2020 14:09 EDT)

Signed

VERIFICATION

I verify that the averments of fact made in the foregoing Plaintiff's Complaint are true and correct based on my personal knowledge, information or belief. I understand that averments of fact in said document are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsifications to authorities.

Oct 19, 2020

Date

Keri L Boyer

Keri L Boyer (Oct 19, 2020 11:44 EDT)

Signed

VERIFICATION

I verify that the averments of fact made in the foregoing Plaintiff's Complaint are true and correct based on my personal knowledge, information or belief. I understand that averments of fact in said document are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsifications to authorities.

Oct 19, 2020

Date

Denise Eldridge

Denise Eldridge (Oct 19, 2020 21:14 EDT)


Signed

VERIFICATION

I verify that the averments of fact made in the foregoing Plaintiff's Complaint are true and correct based on my personal knowledge, information or belief. I understand that averments of fact in said document are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsifications to authorities.

Oct 13, 2020

Date


Tracey Mijou (Oct 13, 2020 14:27 EDT)

Signed

VERIFICATION

COMMONWEALTH OF PENNSYLVANIA)
) SS:
COUNTY OF BEAVER)

I/we verify that the statements made in the Complaint are true, correct and based upon information which has been gathered by my counsel in the preparation of the lawsuit. The language of it is that of counsel and not of ourselves. I/we have read it and to the extent that it is based upon information which I/we have given to my counsel, it is true and correct to the best of my knowledge, information, and belief. To the extent that the content of it is that of counsel, I/we have relied upon counsel in making this Verification. I/we understand that false statements herein made are subject to the penalties of *18 Pa. C.S. Section 4904* relating to unsworn falsification to authorities.

Bobbie Johnson
Bobbie Johnson

10-8-2020
Date

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY, PENNSYLVANIA

Civil Division

JODI GILL as Attorney-in-Fact of GLENN
OSCAR GILL;

KENNETH WRIGHT;

SHELBY GALTON;

Case No.

JUDITH MARIE as Guardian *Ad Litem* of
DOROTHY UMSTEAD;

JAMAL WILLIAMS as Guardian *Ad Litem*
of LUCILLE WILLIAMS;

JAMIE WORTHY-SMITH, Individually and
as Administratrix of the Estate of KIM L.
McCOY-WARFORD;

MARK J. LANTON, Individually and as
Administrator of the Estate of GLORIA
LANTON;

JACQUELINE YOUNG, Individually and as
Administratrix of the Estate of MARION
YOUNG;

BRANDY HEDGER Individually and as
Administratrix of the Estate of REBECCA
JOY VANKIRK;

KERI BOYER Individually and as
Administratrix of the Estate of EARL
DENBOW, JR.;

DENISE ELDRIDGE Individually and as
Administratrix of the Estate of VIRGINIA
ELDRIDGE;

TRACY MINEO and SUSAN FRAGOMENI,
Individually and as Co-Administratrixes of
the Estate of NANCY KEMERER;

PATRICIA MAZZOCCA and BARBARA
MACURAK, Individually and as Co-
Executrixes of the Estate of ALA
MAZZOCCA;

CHRISTINA CLAVELLI, Individually and
as Administratrix of the Estate of JOSEPH
"RANDY" CLAVELLI; and,

BOBBIE JOHNSON, Individually and as
Administratrix of the Estate of SHIRLEY M.
MIKE,

Plaintiffs,

vs.

COMPREHENSIVE HEALTHCARE
MANAGEMENT SERVICES, LLC d/b/a
BRIGHTON REHABILITATION &
WELLNESS CENTER and DAVID G.
THIMONS, D.O.,

Defendants.

**CERTIFICATE OF MERIT REGARDING DEFENDANT
COMPREHENSIVE HEALTHCARE MANAGEMENT SERVICES, LLC
d/b/a BRIGHTON REHABILITATION & WELLNESS CENTER**

I, Robert F. Daley, Esquire, certify that:

✓ An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by the defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about harm;

And

✓ The claim that defendant deviated from an acceptable professional standard is based solely or in part on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of the Complaint, fell

outside acceptable professional standards and that such conduct was a cause in bringing about the harm;

Or

____ Expert testimony of an appropriate licensed professional is unnecessary for prosecution of the claim against these defendants.

Respectfully submitted,

ROBERT PEIRCE & ASSOCIATES, P.C.

By: 

ROBERT F. DALEY, ESQUIRE
Counsel for Plaintiffs

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY, PENNSYLVANIA

Civil Division

JODI GILL as Attorney-in-Fact of GLENN
OSCAR GILL;

KENNETH WRIGHT;

SHELBY GALTON;

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JUDITH MARIE as Guardian *Ad Litem* of
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JAMIE WORTHY-SMITH, Individually and
as Executrix of the Estate of KIM L.
McCOY-WARFORD;

MARK J. LANTON, Individually and as
Administrator of the Estate of GLORIA
LANTON;

JACQUELINE YOUNG, Individually and as
Administratrix of the Estate of MARION
YOUNG;

BRANDY HEDGER Individually and as
Administratrix of the Estate of REBECCA
JOY VANKIRK;

KERI BOYER Individually and as
Administratrix of the Estate of EARL
DENBOW, JR.;

DENISE ELDRIDGE Individually and as
Administratrix of the Estate of VIRGINIA
ELDRIDGE;

TRACY MINEO and SUSAN FRAGOMENI,
Individually and as Co-Administratrixes of
the Estate of NANCY KEMERER;

PATRICIA MAZZOCCA and BARBARA
MACURAK, Individually and as Co-
Executrixes of the Estate of ALA
MAZZOCCA;

CHRISTINA CLAVELLI, Individually and
as Administratrix of the Estate of JOSEPH
"RANDY" CLAVELLI; and,

BOBBIE JOHNSON, Individually and as
Administratrix of the Estate of SHIRLEY M.
MIKE,

Plaintiffs,

vs.

COMPREHENSIVE HEALTHCARE
MANAGEMENT SERVICES, LLC d/b/a
BRIGHTON REHABILITATION &
WELLNESS CENTER and DAVID G.
THIMONS, D.O.,

Defendants.

**CERTIFICATE OF MERIT REGARDING
DEFENDANT DAVID G. THIMONS, D.O.**

I, Robert F. Daley, Esquire, certify that:

✓ An appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by the defendant in the treatment, practice or work that is the subject of the complaint, fell outside acceptable professional standards and that such conduct was a cause in bringing about harm;

And

— The claim that defendant deviated from an acceptable professional standard is based solely or in part on allegations that other licensed professionals for whom this defendant is responsible deviated from an acceptable professional standard and an appropriate licensed professional has supplied a written statement to the undersigned that there is a basis to conclude that the care, skill or knowledge exercised or exhibited by the other licensed professionals in the treatment, practice or work that is the subject of the Complaint, fell

outside acceptable professional standards and that such conduct was a cause in bringing about the harm;

Or

____ Expert testimony of an appropriate licensed professional is unnecessary for prosecution of the claim against these defendants.

Respectfully submitted,

ROBERT PEIRCE & ASSOCIATES, P.C.

By: 

ROBERT F. DALEY, ESQUIRE
Counsel for Plaintiffs

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY, PENNSYLVANIA

Civil Division

JODI GILL as Attorney-in-Fact of GLENN
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LANTON;

JACQUELINE YOUNG, Individually and as
Administratrix of the Estate of MARION
YOUNG;

BRANDY HEDGER Individually and as
Administratrix of the Estate of REBECCA
JOY VANKIRK;

KERI BOYER Individually and as
Administratrix of the Estate of EARL
DENBOW, JR.;

DENISE ELDRIDGE Individually and as
Administratrix of the Estate of VIRGINIA
ELDRIDGE;

TRACY MINEO and SUSAN FRAGOMENI,
Individually and as Co-Administratrixes of
the Estate of NANCY KEMERER;

PATRICIA MAZZOCCA and BARBARA
MACURAK, Individually and as Co-
Executrixes of the Estate of ALA
MAZZOCCA;

CHRISTINA CLAVELLI, Individually and
as Administratrix of the Estate of JOSEPH
"RANDY" CLAVELLI; and,

BOBBIE JOHNSON, Individually and as
Administratrix of the Estate of SHIRLEY M.
MIKE,

Plaintiffs,

vs.

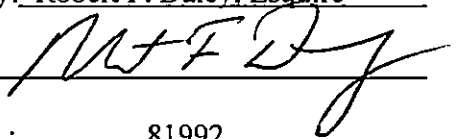
COMPREHENSIVE HEALTHCARE
MANAGEMENT SERVICES, LLC d/b/a
BRIGHTON REHABILITATION &
WELLNESS CENTER and DAVID G.
THIMONS, D.O.,

Defendants.

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

Submitted by: Robert F. Daley, Esquire

Signature: 

Attorney No.: 81992

RECEIPT FOR PAYMENT

=====

Beaver County Prothonotary
 MICHAEL ROSSI
 Beaver, PA 15009

Receipt Date 10/21/2020
 Receipt Time 08:57:32
 Receipt No. 498919

JODI GILL, ATTORNEY-IN FACT OF (vs) COMPREHENSIVE HEALTHCARE

Case Number 2020-11109

Received of: ROBERT PIERCE & ASSOCIATES
 BJB

----- Transaction Distribution -----

<u>Cost/Fee Description</u>	<u>Payment Amount</u>	<u>Payee Name</u>
TAX ON CMPLT	.50	BUREAU OF RECEIPTS & CNTR.M.D.
JCP SURCHARGE	40.25	BUREAU OF RECEIPTS & CNTR.M.D.
ACT 164	5.00	ACT 164
SET. DISCON W/O	12.25	TREASURER OF BEAVER COUNTY
ADD'L NAMES	8.25	TREASURER OF BEAVER COUNTY
COMPLAINT FILED	119.00	TREASURER OF BEAVER COUNTY

 \$185.25

Check# 156871 \$185.25

 Total Received..... \$185.25

Case Balance Due: \$.00

MICHAEL ROSSI
 PROTHONOTARY
 BEAVER COUNTY, PA

2020 OCT 21 AM 9:00

FILED OR ISSUED